Health Canada Santé Canada

Canada

Health Canada

2015-16

Departmental Performance Report

The Honourable Jane Philpott, P.C, M.P.

Minister of Health

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Minister's Message

As the Minister of Health, I am pleased to present the 2015-16 Departmental Performance Report for Health Canada. This report highlights how the Department has delivered evidence-based results for Canadians on the government's commitments to help them maintain and improve their health.

Health Canada is leading the engagement with the provinces and territories to develop a new Health Accord, with a focus on prescription drugs, home care, mental health and health innovation. I am happy to say that Accord discussions were formally launched at the Health Ministers' Meeting in January 2016.

A renewed, nation-to-nation relationship with Canada's Indigenous peoples has been the foundation of our work with First Nations during the last fiscal year.

Service delivery to First Nations communities has been enhanced through collaborative efforts with key partners. Initial work with Indigenous and Northern Affairs Canada has been undertaken to implement Budget 2016 commitments to support improvements in First Nations infrastructure, enhance the Nutrition North Canada Program, and support the monitoring of water quality on-reserve. The Department also continues to work with First Nations, Inuit, provinces and territories to identify and pursue options for improving health outcomes for First Nations and Inuit.

Health Canada has strengthened access, quality and safety of health services to First Nations communities by promoting a better process for hiring nurses in isolated and remote communities as well as putting in place interdisciplinary health teams to support primary care services provided to communities.

Helping Canadians lead healthier lives continued to be a priority for Health Canada in 2015-16. In order to better support Canadians in making healthy food choices, the Department has proposed updated food labels. Building on this work, the Department is also making plans to deliver tougher regulations on sodium and trans fat, to restrict marketing of unhealthy foods and beverages to children and to develop food labels with more information for Canadians on sugars and food dyes.

The Government of Canada is deeply concerned about the growing number of overdoses and deaths caused by opioid drugs like fentanyl, and is committed to addressing this complex issue. In 2015-16, Health Canada continued to build upon existing partnerships and is building new ones to implement practical, evidence-based actions to reduce problematic opioid use. A major step forward was taken this year when Health Canada announced that the overdose antidote naloxone would be made more widely available to Canadians.

Health Canada is committed to making more health and safety information available to Canadians on the products we regulate. For example, in 2015-16, the Drug and Health Product Inspection Database was launched, which allows Canadians to track how health product makers are following health and safety rules. Health Canada also launched a new pesticide mobile app that gives homeowners and farmers fingertip access to up-to-date health and safety information.

This report incorporates modifications to the existing reporting framework to allow Parliament and Canadians to better monitor our Government's progress on delivering real change to Canadians.

I look forward to moving ahead on my key mandate priorities by continuing to build a culture of collaboration and evidence-based decision-making that will improve the health and safety of all Canadians.

The Honourable Jane Philpott, P.C., M.P.

Minister of Health

Results Highlights

	What funds were used? (Actual Spending)	**$3,881,132,152**
	Who was involved? (Actual FTEs)	**8,740**
	Results Highlights	
	• Engaged with the provinces and territories to develop a new Health Accord, with a focus on prescription drugs, home care, mental health and health innovation. • Helped Canadians to make informed food choices by proposing modernized food labels, began creating conditions for healthier food options that are lower in sodium and trans fat, as well as began exploring options for restricting marketing of unhealthy foods and beverages to children. • A renewed nation-to-nation relationship with Indigenous Peoples, based on the recognition of rights, respect, co-operation, and partnership. • Strengthened access, quality and safety of health services by promoting and streamlining the process for hiring nurses in isolated and remote communities.	

Section I: Organizational Overview

Organizational Profile

Appropriate Minister: The Honourable Jane Philpott, P.C., M.P.

Institutional Head: Simon Kennedy

Ministerial Portfolio: Health

Enabling Instrument(s): *Canada Health Act* [ii], *Canada Consumer Product Safety Act*[iii], *Canadian Environmental Protection Act*[iv], *Controlled Drugs and Substances Act*[v], *Food and Drugs Act*[vi], *Tobacco Act*[vii], *Hazardous Products Act*[viii], *Hazardous Materials Information Review Act*[ix], *Department of Health Act*[x], *Radiation Emitting Devices Act*[xi], *Pest Control Products Act*[xii].

List of Acts and Regulations [xiii]

Year of Incorporation / Commencement: 1913

Other: Canadian Food Inspection Agency joined the Health Portfolio in October 2013

Organizational Context

Raison d'être

Health Canada regulates specific products and controlled substances, works with partners to support improved health outcomes for First Nations and Inuit, supports innovation and information sharing in Canada's health system to help Canadians maintain and improve their health, and contributes to strengthening Canada's record as a country with one of the healthiest populations in the world.

The Minister of Health is responsible for this organization.

Responsibilities

First, as a **regulator**, Health Canada is responsible for the regulatory regimes governing the safety of products including food, pharmaceuticals, medical devices, natural health products, consumer products, chemicals, radiation emitting devices, cosmetics and pesticides. It also regulates tobacco products and controlled substances and helps manage the health risks posed by environmental factors such as air, water, radiation and contaminants.

Health Canada is also a **service provider**. For First Nations and Inuit, Health Canada supports: basic primary care services in remote and isolated communities and public health programs including communicable disease control (outside the territories); home and community care; and, community-based health programs focusing on children and youth, mental health and addictions. Health Canada also provides a limited range of medically necessary, health-related goods and services to eligible First Nations and recognized Inuit when not otherwise provided through other public programs or private insurance plans.

Health Canada is a **catalyst for innovation, a funder, and an information provider** in Canada's health system. It works closely with provincial and territorial governments to develop national approaches to health system issues, and promotes the pan-Canadian adoption of best practices. It administers the *Canada Health Act*, which embodies national principles for a universal and equitable, publicly funded health care system. It provides policy support for the federal government's Canada Health Transfer to provinces and territories, and provides funding through grants and contributions (Gs&Cs) to various organizations to help meet overall health system objectives. Health Canada draws on leading-edge science and policy research to generate and share knowledge and information to support decision-making by Canadians, the development and implementation of regulations and standards, and health innovation.

Strategic Outcomes and Program Alignment Architecture

1 **Strategic Outcome:** A health system responsive to the needs of Canadians
- 1.1 **Program:** Canadian Health System Policy
  - 1.1.1 **Sub-Program:** Health System Priorities
  - 1.1.2 **Sub-Program:** *Canada Health Act* Administration
- 1.2 **Program:** Specialized Health Services
- 1.3 **Program:** Official Language Minority Community Development

2 **Strategic Outcome:** Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians
- 2.1 **Program:** Health Products
  - 2.1.1 **Sub-Program:** Pharmaceutical Drugs
  - 2.1.2 **Sub-Program:** Biologics & Radiopharmaceuticals
  - 2.1.3 **Sub-Program:** Medical Devices
  - 2.1.4 **Sub-Program:** Natural Health Products
- 2.2 **Program:** Food Safety and Nutrition
  - 2.2.1 **Sub-Program:** Food Safety
  - 2.2.2 **Sub-Program:** Nutrition Policy and Promotion
- 2.3 **Program:** Environmental Risks to Health
  - 2.3.1 **Sub-Program:** Climate Change and Health
  - 2.3.2 **Sub-Program:** Air Quality
  - 2.3.3 **Sub-Program:** Water Quality
  - 2.3.4 **Sub-Program:** Health Impacts of Chemicals
- 2.4 **Program:** Consumer Product and Workplace Chemical Safety
  - 2.4.1 **Sub-Program:** Consumer Product Safety
  - 2.4.2 **Sub-Program:** Workplace Chemical Safety
- 2.5 **Program:** Substance Use and Abuse
  - 2.5.1 **Sub-Program:** Tobacco
  - 2.5.2 **Sub-Program:** Controlled Substances
- 2.6 **Program:** Radiation Protection
  - 2.6.1 **Sub-Program:** Environmental Radiation Monitoring and Protection
  - 2.6.2 **Sub-Program:** Radiation Emitting Devices
  - 2.6.3 **Sub-Program:** Dosimetry Services
- 2.7 **Program:** Pesticides

3 **Strategic Outcome:** First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status
- 3.1 **Program:** First Nations and Inuit Primary Health Care
  - 3.1.1 **Sub-Program:** First Nations and Inuit Health Promotion and Disease Prevention
    - 3.1.1.1 **Sub-Sub-Program:** Healthy Child Development
    - 3.1.1.2 **Sub-Sub-Program:** Mental Wellness
    - 3.1.1.3 **Sub-Sub-Program:** Healthy Living
  - 3.1.2 **Sub-Program:** First Nations and Inuit Public Health Protection
    - 3.1.2.1 **Sub-Sub-Program:** Communicable Disease Control and Management
    - 3.1.2.2 **Sub-Sub-Program:** Environmental Public Health
  - 3.1.3 **Sub-Program:** First Nations and Inuit Primary Care

- **3.1.3.1 Sub-Sub-Program:** Clinical and Client Care
- **3.1.3.2 Sub-Sub-Program:** Home and Community Care

3.2 Program: Supplementary Health Benefits for First Nations and Inuit

3.3 Program: Health Infrastructure Support for First Nations and Inuit

- **3.3.1 Sub-Program:** First Nations and Inuit Health System Capacity
  - **3.3.1.1 Sub-Sub-Program:** Health Planning and Quality Management
  - **3.3.1.2 Sub-Sub-Program:** Health Human Resources
  - **3.3.1.3 Sub-Sub-Program:** Health Facilities
- **3.3.2 Sub-Program:** First Nations and Inuit Health System Transformation
  - **3.3.2.1 Sub-Sub-Program:** Health Systems Integration
  - **3.3.2.2 Sub-Sub-Program:** e-Health Infostructure
- **3.3.3 Sub-Program:** Tripartite Health Governance

Internal Services

- **IS 1: Management and Oversight Services**
- **IS 2: Communications Services**
- **IS 3: Legal Services**
- **IS 4: Human Resources Management Services**
- **IS 5: Financial Management Services**
- **IS 6: Information Management Services**
- **IS 7: Information Technology Services**
- **IS 8: Real Property Services**
- **IS 9: Materiel Services**
- **IS 10: Acquisition Services**

Operating Environment and Risk Analysis

Operating Environment

Health Canada faces an array of pressures, both internal and external, which have the potential to impact the Department as it delivers its programs and services. Because of its broad mandate, the Department operates in an environment where many of the risks it faces are largely beyond its control, such as unforeseen health crises, the aging population, new innovative and complex products, substances, food and emerging product categories, scientific and technological change, and cyber security. The Department also operates in an environment of budget restraint, requiring prudent management to mitigate the potential impacts on departmental programs and services.

Health Canada, like other Government of Canada departments and agencies, is undergoing a period of transition as it implements the Government's policy priorities (see box below) and the Minister's mandate letter commitments and as it aligns business processes to effectively and transparently deliver results to Canadians. As new programs, initiatives, and processes are developed and implemented over the next several months, new or emerging risks and challenges related to these initiatives (e.g., legalization and regulation of marijuana, introducing plain packaging requirements for tobacco products, strengthening food labelling requirements) will be identified and strategies to manage the risks developed. These risks will be carefully considered in the development of Health Canada's 2017-18 Corporate Risk Profile (CRP).

Speech From the Throne and Federal Budget

The 2015 Speech From The Throne and Budget 2016 provided details on the Government's commitment to four main priorities:

- Providing economic growth and strengthening the middle class;
- Protecting the environment and greening the economy;
- Investing in public and social infrastructure; and,
- Providing greater security and opportunities for Canadians.

Items directly impacting Health Canada:

1) **Health Accord:** Health Canada will work in partnership with the provinces and territories to negotiate a new multi-year Health Accord to improve health care in Canada and boost health outcomes for all Canadians. The Accord is expected to enhance the affordability and accessibility of prescription drugs, improve access to home care and mental health services, and support pan-Canadian innovation in the delivery of health services.
2) **Indigenous Peoples:** Health Canada will work to improve health services of First Nations and Inuit communities; and, support the implementation of recommendations of the Truth and Reconciliation Commission. Significant new investments in Indigenous health infrastructure will go a long way to improving Indigenous health outcomes.
3) **Marijuana:** Health Canada will work with other Government of Canada departments to pass legislation to legalize, regulate and restrict access to marijuana, keeping it out of the hands of children and preventing profits from going towards criminals.

Risks Analysis

The following table describes the key corporate risks identified by Health Canada as having the highest likelihood and impact on program delivery in 2015-16 and which continue to be relevant in 2016-17. Due to shifting priorities and areas of focus, the risks and risk responses for 2015-16 evolved from those outlined in the 2015-16 Report on Plans and Priorities. The final corporate risk priorities for that fiscal year are outlined in that year's CRP and many of them are included in the table below. These risks served to inform prioritization, decision-making, and resource allocation, with a focus on strategic outcomes and long-term priorities.

Health Canada manages risks in a variety of ways. For example, in 2015-16, the Department continued to leverage its trusted international partners by sharing information and best practices and by effectively aligning regulatory processes where it made sense to do so. Additionally, Health Canada continued to enhance the integration of Federal/Provincial e-Health systems in order to improve access to and delivery of health services. The Department also took steps to recruit, train and retain health workers to deliver health services in First Nations communities.

Finally, Health Canada continued to provide timely and evidence-based health and safety information to meet public, client, and stakeholder expectations and provided several opportunities for Canadians to be involved in regulatory decision-making through participation in regulatory consultation exercises.

Key Risks

Risk	Risk Response Strategy	Link to the Organization's Programs
Health Canada's ability to protect Canadians from the risks of products may be weakened due to the increasing complexity of the global supply chain and pace of innovation.	There is an opportunity to realize efficiency gains through information and work sharing with other regulatory organizations in the global market. As such, under the Regulatory Cooperation Council (RCC), Health Canada continued cooperative activities with its United States of America (U.S.) counterparts in 2015-16. Health Canada also provided leadership on the International Coalition of Medicines Regulatory Authorities (ICMRA), which provides strategic global leadership on current and emerging human medicine regulatory challenges. As the global supply chain evolves, there is a requirement for a response strategy that both identifies gaps in regulatory oversight or information transmission, and proposes new methods and tools to strengthen market surveillance and oversight. To that end, Health Canada continues to implement the electronic Compliance and Enforcement System. In addition, the Department has entered into partnerships with targeted universities to develop big data curriculums specific to the needs of Health Canada and the government, as well as exploring several tools for the analysis of big data. To ensure a consistent approach to data integrity and	• PA: 2.1, 2.2, 2.3, 2.4, 2.5, 2.7 • OP: II, IV

Risk	Risk Response Strategy	Link to the Organization's Programs
	alignment with international partners, Health Canada is developing a unified national approach to address issues in data integrity. The risk response strategy was moved forward in 2015-16 through the development of data integrity requirements at a joint Health Canada/Food and Drug Administration data workshop. A formal collaborative arrangement between the Canada Border Services Agency (CBSA) and Health Canada on information sharing and service level objectives was approved in 2015-16. This arrangement, as well as other undertakings under the Single Window Initiative, was completed to develop the capacity to cross-reference products with regulatory partners across the systems. The Department continues to leverage meetings with scientific and international experts, provinces and territories, and key stakeholders to stay current, identify future trends and inform decision-making.	
There is a risk that Canadians will lose confidence in the safety of health and consumer products if Health Canada is not regarded as a trusted regulator and source of information.	Health Canada continued to provide more regulatory information to Canadians through the Regulatory Transparency and Openness Framework. The three-year Regulatory Transparency and Openness Framework Action Plan was put in place, the Drug and Health Product Inspections Database was launched and annual compliance and enforcement reports were posted, starting with marijuana for medical purposes and pesticides. Increased information was also provided on nutrition labels and plain language labelling for prescription drugs. Canadians were also invited to participate in over 120 consultations pertaining to regulatory decision-making, including the Vanessa Law guidance. 1,800 stakeholders and individuals signed up to the Corporate Consultations and Stakeholder Information Management System. Additionally, Health Canada developed guidelines for public engagement which were approved by the Executive Committee. Health Canada continued to implement the Web Renewal Action Plan by migrating content to Canada.ca to ensure continued credibility and cohesive Government of Canada health information. New web and social media content is compliant with Government of Canada policies and standards. Health Canada also developed innovative communications products, services and channels including social marketing campaigns and initiatives to help raise awareness and knowledge of key health and safety issues such as Preventing Illicit Drug Use, Tobacco Cessation, Ebola Recruitment, Antimicrobial	• SO1, SO2, SO3, IS

Risk	Risk Response Strategy	Link to the Organization's Programs
	Resistance, and Lyme Disease.	
Health Canada's ability to ensure continuous quality health services in First Nations communities may be at risk due to limited availability of nursing capacity.	In 2015-16, Health Canada took steps to recruit, train and retain nurses to deliver health care services in First Nations communities. Health Canada launched a marketing campaign for nursing recruitment and retention which resulted in the creation of a pool of 145 qualified nurses and the establishment of a relief pool. 69 nurses, including a nurse practitioner, have been hired as of March 31, 2016. Health Canada also implemented a national policy on mandatory training in April 2015 with bi-annual reporting on compliance rates. Regional Action Plans have been developed outlining how each Region intends to ensure the 100% compliance target. Work continued on the modernization of clinical practice guidelines to support remote nursing services. A comprehensive accreditation strategy has been developed with regions to support capacity building and quality improvement with the goal of increasing the number of accredited health centres and nursing stations. Health Canada continued to enhance the integration of Federal/Provincial e-Health systems in order to improve access to and delivery of health services. 27 new tele-health sites were established in Saskatchewan, Manitoba and Quebec. The Department also developed an Electronic Medical Record Strategy to effectively manage and coordinate the implementation of Electronic Medical Records within clinical care environments providing primary care services in First Nations communities. Moving forward, Health Canada will engage National Indigenous Organizations (NIOs) in the Health Accord process and support NIOs to launch the engagement process for the development of their priorities and health plans.	• PA: 3.1, 3.2, 3.3 • OP: III
Health Canada's ability to ensure continuous delivery of health services in First Nations communities may be at risk due to a lack of quality maintenance and timely repairs of health facilities.	Health Canada addressed equipment and aging physical infrastructure needs required to ensure the effective delivery of continuous and comprehensive quality health services to First Nations in a safe and secure environment. The Capital Management Framework was updated to strengthen guidance on evidence-based planning for future major capital investments. The update included a commitment to undertake building condition inspections on a three-year cycle and to share findings of the inspections with First Nations building owners. 55 inspections were completed in 2015-16. In addition, the Long Term Capital Plan process was	• PA: 1.1, IS.1.1 • OP: I, IV

Risk	Risk Response Strategy	Link to the Organization's Programs
	updated to facilitate the identification of priority repairs and renovations to facilities. This process facilitated the reallocation of funding to address urgent needs. Moving forward, the Federal Government has pledged $270 million over five years for health care facilities on-reserve. In 2016-17, Health Canada will spend $29.4 million to undertake urgent repairs and renovations of facilities used for early learning and childhood development on-reserve. Currently, there are 31 Health Facilities and 29 Aboriginal Head Start on Reserve (AHSOR) infrastructure projects underway.	

Organizational Priorities

Priority I: Support health system innovation.

Description

The health care system is vital to addressing the health needs of Canadians. Although health care delivery is primarily under provincial and territorial jurisdiction, the federal government has an ongoing role in providing financial support through fiscal transfers to the provinces and territories, maintaining the core principles the *Canada Health Act*, and supporting health care innovation and collaboration across the country. Health Canada can contribute to improving the quality and sustainability of health care as the system continues to evolve in a context of technological and social changes, demographic shifts and fiscal pressures. The Government is engaging provinces and territories in the development of a new multi-year Health Accord.

Priority Type[1]

Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to org. program
Work with provinces, territories and other health care partners on health system renewal, innovation and sustainability.	April 2015	March 2017	On Track	1.1
Engage provinces and territories in the development of a new multi-year Health Accord with a focus on: home care services; prescription drugs; mental health services; and health innovation.	November 2015	March 2017*	On Track	1.1
Address priority health issues through collaboration with stakeholders and key pan-Canadian organizations, and the management of contribution programs and grants.	April 2015	March 2017	On Track	1.1 1.3

* This date is for the initial planning purposes however, the final timeline is pending Federal/Provincial/Territorial discussions/negotiations on a new Health Accord.

[1] Type is defined as follows: previously committed to—committed to in the first or second fiscal year prior to the subject year of the report; ongoing—committed to at least three fiscal years prior to the subject year of the report; and new—newly committed to in the reporting year of the Report on Plans and Priorities or the Departmental Performance Report.

Progress Toward the Priority

In 2015-16, Health Canada worked with provinces, territories and other health care partners on health system renewal, innovation and sustainability. The Department supported the former Minister's engagement with the public and stakeholders on opportunities and challenges for Canada's health care system through speeches, roundtables, and outreach, and pursued discussions with the provinces and territories on health care innovation. In July 2015, the report from the Advisory Panel on Healthcare Innovation was made public.

Health Canada is leading the Minister's mandate to engage with the provinces and territories to develop a new Health Accord, with a focus on prescription drugs, home care, mental health and health innovation. Accord discussions were formally launched at the Health Ministers' Meeting in January 2016.

Health Canada addressed priority health issues through collaboration with key pan-Canadian and other organizations under its Grants and Contributions program. Highlights for 2015-16 include support to:

- Canada Health Infoway to advance the implementation and adoption of digital health information technologies, and undertake, with new funding announced in Budget 2016, short-term digital health initiatives in e-prescribing and telehomecare, in collaboration with provinces, territories and other stakeholders.
- Canadian Institute for Health Information to improve and report on national health information and to improve monitoring of prescription of drug abuse.
- Canadian Partnership against Cancer which has accelerated uptake of new knowledge and coordinated approaches to advance cancer control in Canada.
- Canadian Agency for Drugs and Technologies in Health to inform health care decision-makers about the effectiveness and efficiency of health technologies.
- Mental Health Commission of Canada to foster change and innovation in the area of mental health.
- Canadian Foundation for Healthcare Improvement to support the spread and scale-up of health care innovation.
- Brain Canada Foundation in support of the Canada Brain Research Fund, an organization dedicated to advancing brain research.
- Canadian Patient Safety Institute to improve the culture of patient safety and building capacity in Canada's health care system.

Health Canada worked with multiple stakeholders including National Anti-Drug Strategy partners, provincial and territorial governments, health portfolio partners and other stakeholders in developing a new Anti-Drug Strategy Initiatives program framework and priorities to align the program with emerging federal policy objectives.

Based on a decision by the Conference of Deputy Ministers of Health, an ad hoc Federal/Provincial/Territorial Health Information Working Group was also established to strengthen pan-Canadian collaboration on health information governance, analytical capacity, information infrastructure and data sharing.

Priority II: Strengthen openness and transparency as modernization of health protection legislation, regulation and delivery continues.

Description

Health Canada's operating environment is constantly evolving. For example, ongoing globalization creates international supply chains; the speed of innovation continues to accelerate; and there is increased demand for greater openness and transparency. Credible and timely information is critical for empowering Canadians to make informed health decisions and supports businesses' responsibility for the safety of their products. Therefore, continuing to modernize Health Canada's regulatory frameworks and service delivery models, as well as ongoing efforts to further strengthen our openness and transparency, remains a key priority for the Department. This will enable Health Canada to maintain a sustainable, modern regime that meets the needs of Canadians both now and into the future.

Priority Type

Previously committed to

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to org. program
Implement Health Canada's Regulatory Transparency and Openness Framework and Action Plan by informing and engaging Canadians on important health and safety issues, and providing more information so that Canadians can see how the Department enables industry compliance and enforces regulatory rules.	April 2015	March 2018	On Track	SO2
Implement the Globally Harmonized System of Classification and Labelling of Chemicals, through ongoing stakeholder engagement and the provision of guidance regarding the new *Hazardous Products Regulations*[xiv].	February 2015	June 2018	On Track	2.4
Provide Canadians with tools such as modernized food labels to make informed food choices, and create conditions for healthier food options that are lower in sodium and trans fat. Additionally, work towards introducing new restrictions on the marketing of	April 2015	To be determined*	On Track	2.2

Planned Initiatives	Start Date	End Date	Status	Link to org. program
unhealthy foods and beverages to children.				
Review, update, improve and publish the *Pest Control Product Regulations*[xv], related to cost recovery, in preparation for the implementation of the new fee structure, and improve risk communications with the Canadian public on pesticide safety.	April 2015	March 2017	On Track	2.7
Work towards implementing plain packaging requirements for tobacco products.	November 2015	To be determined**	On Track	2.5
Work with Justice and Public Safety and Emergency Preparedness towards the legalization and regulation of marijuana to keep it out of the hands of children.	November 2015	To be determined**	On Track	2.5

* Completion date is dependent on the regulatory approach, which is anticipated to be completed by end of 2018.

** Work towards this initiative started immediately following the release of the Minister of Health mandate letter. A project end date will be confirmed when the project plan is finalized.

Progress Toward the Priority

As part of the implementation of its Regulatory Transparency and Openness Framework Action Plan[xvi], Health Canada launched the Drug and Health Product Inspections Database; posted guidance for licensed producers of marijuana for medical purposes; increased information in the Drug and Health Product Register, and posted annual compliance and enforcement information for pesticides and marijuana for medical purposes.

Health Canada pro-actively released regulatory information in useful formats, engaged Canadians and created opportunities to dialogue with stakeholders. Highlights for 2015-16 include:

- Completed a drug dataset in the Drug and Health Product Register.
- As part of its initiative to ensure that drug labels are written in plain language and potential side effects of medications are accurately indicated, Health Canada completed external consultations on its related guidance document and templates.
- Posted the results of a consultation on the Framework for Consumer Health Products: What We Heard[xvii] and developed an outreach strategy to strengthen communication on natural health products to inform and provide more clarity to consumers related to the safety and quality of health products.

The Department informed and engaged Canadians on important health and safety issues, and provided more information so that Canadians can see how Health Canada enables industry compliance and enforces regulatory rules. Highlights for 2015-16 include:

- Developed and posted Amendments to the *Food and Drugs Act*: Guide to New Authorities[xviii]

Progress Toward the Priority

to help Health Canada implement the power to require and disclose information, power to order a label change and power to order a recall, that came into force under the *Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)*.

- Launched the Drug and Health Product Inspection Database which lists all health product establishment inspections, including inspection ratings and observations.
- Initiated consultations on Mandatory Reporting of Serious Adverse Drug Reactions and Medical Device Incidents by Healthcare Institutions aiming to improved safety for Canadians through availability of better information about the safety of drugs and medical devices, as well as enabling a better understanding of the benefit/harm profile of marketed health products.

Health Canada continued to modernize nutritional information on food labels and promote awareness, understanding and use of food labels to support Canadians in making healthy eating decisions. Highlights for 2015-16 include:

- Published a regulatory proposal to update the basis of the % Daily Values, the list of nutrients required to be shown in the Nutrition Facts table as well as several other changes intended to improve nutrition labelling on food.
- Launched the second phase of the Nutrition Facts Education Campaign, Focus on the Facts, by developing and promoting factsheets and web content (e.g. Focus on the Facts: How to Use Serving Size and % Daily Value), as well as a stakeholder toolkit of resources.
- Undertook activities to communicate the implementation of the evidence review cycle, which aims to help ensure Canada's dietary guidance remains scientifically sound, relevant and useful.

Health Canada provided Canadians with tools such as modernized food labels to make informed food choices, and created conditions for healthier food options that are lower in sodium and trans fat.

- Established directions moving forward in regards to the sodium reduction initiative and the elimination of trans fat initiative; and began exploring options for the introduction of new restrictions on the commercial marketing of unhealthy food and beverages to children.
- Launched the "Eat Well Plate" online tool and "My Food Guide" mobile application to help Canadians access and apply Health Canada's dietary guidance.

The process to review, update and improve the Pest Control Product Regulations progressed with the development of a consultation proposal for amendments to the Incident Reporting Regulations and calls for the proposed amendments to be published for consultation in 2016. Initial consultations were also completed on the draft Guidelines on implementing the Globally Harmonized System for Safety Data Sheets, and broader consultation is planned for 2016-17.

Implementation of the Globally Harmonized System of Classification and Labelling of Chemicals through stakeholder engagement and provision of guidance on the new Hazardous Products Regulations is being completed on target. Planned stakeholder consultations and outreach sessions, release of planned awareness materials and updated website content have been developed and implemented. In addition, the planned development of a Technical Guidance Manual is on track.

The development of consultation materials for plain and standardized packaging for all tobacco products has been initiated. These consultations will consider plain and standardized packaging measures introduced by Australia, which are currently the most comprehensive in the world, as well as measures that go beyond Australia's approach. Work on the required policy and regulatory amendments has also been initiated.

In the Minister's mandate letter and subsequent December 2015 Speech from the Throne, the Government of Canada committed to legalizing, strictly regulating, and restricting access to marijuana to keep it out of the hands of children and to keep profits out of the hands of criminals. As part of this work, a Task Force will advise on the design of a new legalized system. In March 2016, the Minister of Justice and Attorney General, the Minister of Public Safety and Emergency Preparedness and the Minister of

Progress Toward the Priority
Health wrote to their provincial and territorial counterparts to request recommendations for names of experts to be considered as members of the Task Force. Experts, provincial and territorial governments, and the public will have an opportunity to provide input to the Task Force when it begins its work.

Priority III: Strengthen First Nations and Inuit health programming.

Description

First Nations and Inuit continue to experience serious health challenges. Health Canada plays an important role in supporting the delivery of, and access to, health programs and services for First Nations and Inuit. Health Canada works with partners on innovative approaches to strengthen access to, and support better integration of, health services, as well as to encourage greater control and management of health care delivery by First Nations and Inuit. In addition, Health Canada continues to work with partners to further the implementation of a First Nations and Inuit Health Strategic Plan, which provides stronger coherence and direction for Health Canada's activities in this area, and demonstrates how the Department collectively contributes to improving health outcomes for First Nations and Inuit.

Priority Type

Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to org. program
Strengthen access, quality and safety across the continuum of health services.	April 2012*	March 2017**	On Track	3.1 3.3
Advance collaborative efforts with First Nations and Inuit, provinces/territories and other federal government departments, the Health Portfolio, and other key partners to ensure quality and effective service delivery.	April 2012	March 2017**	On Track	3.1 3.3
Improve quality and availability of comprehensive mental health and addictions services.	April 2012	March 2017**	On Track	3.1
Support effective delivery of Non-Insured Health Benefits.	April 2012	March 2017**	On Track	3.2

Planned Initiatives	Start Date	End Date	Status	Link to org. program
Pursue long-term service transformation opportunities.	April 2015	March 2017**	On Track	3.3
Improve availability of and access to high quality data to strengthen primary care and public health service delivery models and to better inform decision-making, performance measurement and reporting.	April 2014	March 2017**	On Track	3.1 3.2 3.3
Support a renewed nation-to-nation relationship with Indigenous Peoples, based on the recognition of rights, respect, co-operation, and partnership.	November 2015	March 2017**	On Track	3.1 3.2 3.3
Work with the Minister of Indigenous and Northern Affairs to update and expand the Nutrition North program, in consultation with Northern communities.	November 2015	March 2017***	On Track	3.1

* This date signifies the launch of the First Nations and Inuit Health Strategic Plan. The Strategic Plan was developed in collaboration with First Nations and Inuit organizations, federal, provincial and territorial colleagues, health practitioners, national advisory groups, researchers and experts in the field of First Nations and Inuit health. It outlines how Health Canada plans to move forward in fulfilling its core mandate of providing health services, while strengthening its focus with key partners to advance mutual priorities for improved health for First Nations and Inuit. Operational priorities respect the principles of and contribute to, the achievement of the Strategic Plan goals and objectives, and are reflective of the current environment.

** These planned initiatives were identified as part of the First Nations and Inuit Health Strategic Plan and will be updated in 2017-18 in collaboration with First Nations and Inuit partners.

*** Health Canada will work with Indigenous and Northern Affairs Canada on an annual basis and adjust the end date accordingly.

Progress Toward the Priority

Health Canada has strengthened access, quality and safety of health services by promoting and streamlining the process for hiring nurses in isolated and remote communities. It has also put in place measures to monitor mandatory training for nurses to support them in maintaining skills needed to provide quality primary care services in remote settings. Interdisciplinary health teams have also been put in place to support primary care services provided to communities. For example, paramedics are working in Alberta to support primary care nurses and Ontario has increased the number of Nurse Practitioners working in remote and isolated communities. First Nations and Inuit individuals with disabilities, chronic or acute illnesses, and the elderly were also able to receive comprehensive, holistic care in their homes and communities, with approximately 2 million hours of home care services provided in 500 communities.

Service Delivery has been enhanced through collaborative efforts with key partners. Initial work with Indigenous and Northern Affairs Canada has also been undertaken to support improvements in First Nations infrastructure, enhance the Nutrition North Canada Program, and support the monitoring of water quality on-reserve. The Department also continues to work with First Nations, Inuit, provinces and

Progress Toward the Priority
territories to identify and pursue options for improving health outcomes for First Nations. Health Canada strengthened its support for mental wellness activities and addictions services through a series of complementary efforts. The Department has begun implementation of the First Nations Mental Health Wellness Continuum Framework, which sets out a shared vision for the future of mental wellness programs. In addition, the Honouring our Strengths Addictions Framework has been established to provide direction on appropriate, culturally relevant services to support addiction. In June 2016, additional funding of approximately $69 million was announced to support immediate measures that will provide urgently needed help to address the health and mental wellness crises being faced by Indigenous people, especially those in isolated and remote communities. To support the effective delivery of Non-Insured Health Benefits, Health Canada has worked with First Nations and Inuit partners to review benefits and identify opportunities for improvement. This joint review process has made recommendations for improving mental health benefits that have been adopted and will continue to identify joint priorities for improvement. Additional improvements have been made through the prescription monitoring program, which allows the Department to respond to concerns with prescription/dispensing patterns of drugs of concern. Health Canada continued to promote and support long-term service transformation opportunities with our partners, through the engagement of trilateral forums and similar mechanisms for coordinated planning with partners. Under the Health Services Integration Fund (HSIF), FNIHB has participated in a total of 53 projects that advance the integration of health services within the provinces or territories. A key achievement in this high priority area has been the development and implementation of a national surveillance plan and regional surveillance activities which align with provincial/territorial surveillance efforts. For example, HSIF funding supported a Data Sharing Agreement between First Nations and the Government of Nova Scotia, which has resulted in the development of detailed reports containing more than 200 health indicators on a wide variety of health issues. Additionally, Health Canada published two health status reports for First Nations in the Atlantic and Saskatchewan regions.

Priority IV: Maintain and foster an engaged, high performing and diverse workforce and workplace.

Description

Health Canada's greatest strength is an engaged, empowered and well equipped workforce with employees that have the competencies, tools and opportunities to succeed in the pursuit of excellence in program and service delivery.

One of the key priorities for the Government of Canada, as referenced in the Clerk's 21st Report to the Prime Minister for Public Service Modernization, is to ensure a highly engaged, healthy, productive and effective workforce. Health Canada is achieving this by cultivating innovation and respect, communication, and recognition, which will lead to improved productivity and excellence in service to Canadians in our ever changing work environment.

Priority Type

New

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to org. program
Empower staff to focus on higher value analytical and advisory functions, and respond rapidly to changing needs by integrating financial and non-financial planning as the foundation of accessible and accurate decision-ready performance information.	January 2013	March 2018	On Track	IS
Continue to implement the Performance Management initiative, and a new Canada School of Public Service learning model as part of an overall talent management strategy to support and sustain a culture of high performance.	April 2015	March 2017	On Track	IS
Continue to implement the Multi-Year Diversity and Employment Equity Plan ensuring a diverse workforce.	April 2015	March 2017	On Track	IS
Continue to implement Workplace 2.0 including collaborative tools, mobile devices and applications, and Public Works and Government Services Canada workplace standards.	April 2015	March 2017	On Track	IS

Progress Toward the Priority

Several initiatives have been launched that seek to more closely integrate financial and non-financial planning and performance information for decision-making.

Health Canada has made good progress on the development of a Planning for Enterprise Performance (PEP) system. Business analysis was conducted allowing for work to begin on functional design for a new SAP planning and budgeting solution. Establishing a common business process will require active change management over the next 18 months.

The Department is responding to the new Treasury Board Policy on Results, designed to achieve and enhance the understanding of the results the Department is seeking to achieve as well as the resources used to do so.

Horizontal coordination between key results and delivery leads within the Department (Chief Results Delivery Officer, Heads of Performance Measurement and Evaluation, and Data Strategy Lead) is taking place.

Health Canada is seeking to adopt a standard performance measurement process. A three-year Action Plan to close gaps in Performance Measurement Strategies is being implemented. Progress is being

Progress Toward the Priority
monitored and reported to senior management. Advances to key internal services initiatives were made for Health Canada in 2015-16, including: • The Department continued to support a culture of high performance and learning through the development and implementation of new performance management tools, guidelines and outreach activities and launch of the Canada School of Public Service development programs. An assessment of the 2015-16 Performance Management Program has been conducted and will be finalised and reported in 2016-17. • As a result of continued implementation of the Multi-Year Diversity and Employment Equity Plan (MYDEEP) and other initiatives, the Department raised awareness of the importance of Employment Equity, Duty to Accommodate, diversity and inclusion in the workplace as well as maintained representation rates for women, Aboriginal people, persons with disabilities and visible minorities above Labour Market Availability. • The Department continued to transition to Workplace 2.0 to support an efficient and mobile workplace. This included: modernization of office space, which resulted in the divestiture of space; amenities upgrades; migrations to mobile devices and the provision of access to repositories structured according to the Functional Classification Standard (FCS). • The Department established a permanent Blueprint Group that has a mandate to address Blueprint 2020 and the Public Service Employee Survey (PSES) issues, tracking and reporting on progress. This group successfully completed a "100 Days of Change" campaign that culminated in an Innovation Showcase, an event connecting over 500 employees and four Deputy heads. They also launched the LESA Campaign (Lauding Employees' Successes and Accomplishments), an online initiative showcasing employees' stories.

For more information on organizational priorities, see the Minister's mandate letter on the Prime Minister of Canada's website[xix].

Section II: Expenditure Overview

Actual Expenditures

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	Difference (actual minus planned)
3,658,770,349	3,658,770,349	3,931,578,293	3,881,132,152	222,361,803

Note: The increase of $272.8 million between planned spending and total authorities is mainly due to in-year funding received through Treasury Board approved initiatives, the department's operating and capital budget carry forwards, and certain statutory items that are not part of planned spending.

The $50.4 million difference between total authorities and actual spending is mainly related to the reprofile for the Canada Brain Research Fund; the demand driven nature of the Indian Residential Schools Resolution Health Support Program and demand being lower than planned; as well, a portion of the operating budget was carried forward to support strategic investments in 2016-17.

Human Resources (Full-time Equivalents [FTEs])

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
9,072	8,740	-332

Note: The variance between actual and planned FTEs is mainly due to management's efforts to stabilize and control future salary requirements through personnel departures and delays in staffing vacant positions, and resources being realigned from initial plans in order to meet program needs. In addition, the calculation of planned FTE figures is based on programs using their full revenue authority. FTE utilization is mainly due to the reflection of workforce requirements based on actual workload.

Budgetary Performance Summary

Budgetary Performance Summary for Programs and Internal Services (dollars)

Strategic Outcomes and Programs and Internal Services	2015-16 Main Estimates	2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2014-15 Actual Spending (authorities used)	2013-14 Actual Spending (authorities used)
Strategic Outcome 1: A health system responsive to the needs of Canadians								
1.1 Canadian Health System Policy	260,390,118	260,390,118	260,866,701	238,810,074	345,205,119	329,580,184	334,273,289	353,877,280
1.2 Specialized Health Services	19,133,053	19,133,053	18,685,517	18,685,517	17,566,176	15,260,199	13,650,940	16,475,781
1.3 Official Language Minority Community Development	37,528,856	37,528,856	38,093,638	35,339,238	37,503,038	37,221,431	36,653,712	25,830,789
Sub-Total	**317,052,027**	**317,052,027**	**317,645,856**	**292,834,829**	**400,274,333**	**382,061,814**	**384,577,941**	**396,183,850**
Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians								
2.1 Health Products	148,110,784	148,110,784	146,005,296	146,066,729	146,869,279	145,641,623	166,617,222	179,564,797
2.2 Food Safety and Nutrition	67,838,730	67,838,730	68,562,778	68,557,778	65,987,214	63,941,395	66,365,087	71,238,491
2.3 Environmental Risks to Health	100,282,109	100,282,109	72,844,578	72,761,578	91,265,498	87,559,410	97,967,114	101,141,190
2.4 Consumer Product and Workplace Chemical Safety	37,689,337	37,689,337	37,562,015	37,343,377	37,389,916	34,513,091	34,325,604	35,535,627
2.5 Substance Use and Abuse	86,731,215	86,731,215	87,797,766	87,260,678	86,174,613	84,450,294	69,339,368	88,591,578
2.6 Radiation Protection	20,282,587	20,282,587	13,148,978	12,880,340	20,926,585	20,871,026	20,709,033	21,420,658
2.7 Pesticides	40,190,336	40,190,336	40,238,976	39,970,339	42,256,130	41,360,034	44,319,169	46,299,835
Sub-Total	**501,125,098**	**501,125,098**	**466,160,387**	**464,840,819**	**490,869,235**	**478,336,873**	**499,642,597**	**543,792,176**
Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status								
3.1 First Nations and Inuit Primary Health Care	809,838,696	809,838,696	843,780,295	862,525,426	890,352,928	888,041,558	870,774,017	927,125,272
3.2 Supplementary Health Benefits for First Nations	1,128,474,836	1,128,474,836	1,180,001,880	1,125,268,883	1,145,042,304	1,138,729,982	1,075,694,038	1,071,034,484

Strategic Outcomes and Programs and Internal Services	2015-16 Main Estimates	2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2014-15 Actual Spending (authorities used)	2013-14 Actual Spending (authorities used)
and Inuit								
3.3 Health Infrastructure Support for First Nations and Inuit	635,463,846	635,463,846	683,792,972	715,346,893	672,813,984	672,276,324	640,190,204	525,066,806
Sub-Total	**2,573,777,378**	**2,573,777,378**	**2,707,575,147**	**2,703,141,202**	**2,708,209,216**	**2,699,047,864**	**2,586,658,259**	**2,523,226,562**
Internal Service Sub-Total	**266,815,846**	**266,815,846**	**265,223,547**	**265,152,082**	**332,225,509**	**321,685,601**	**343,595,169**	**364,976,909**
Total	**3,658,770,349**	**3,658,770,349**	**3,756,604,937**	**3,725,968,932**	**3,931,578,293**	**3,881,132,152**	**3,814,473,966**	**3,828,179,497**

At the outset of the 2015-16 fiscal year, Health Canada's planned spending was $3,658.8 million. Additional in-year funding received for Treasury Board approved initiatives and the operating and capital budget carry forwards, increased Health Canada's total authorities to $3,931.6 million. The department's actual spending for the fiscal year was $3,881.1 million.

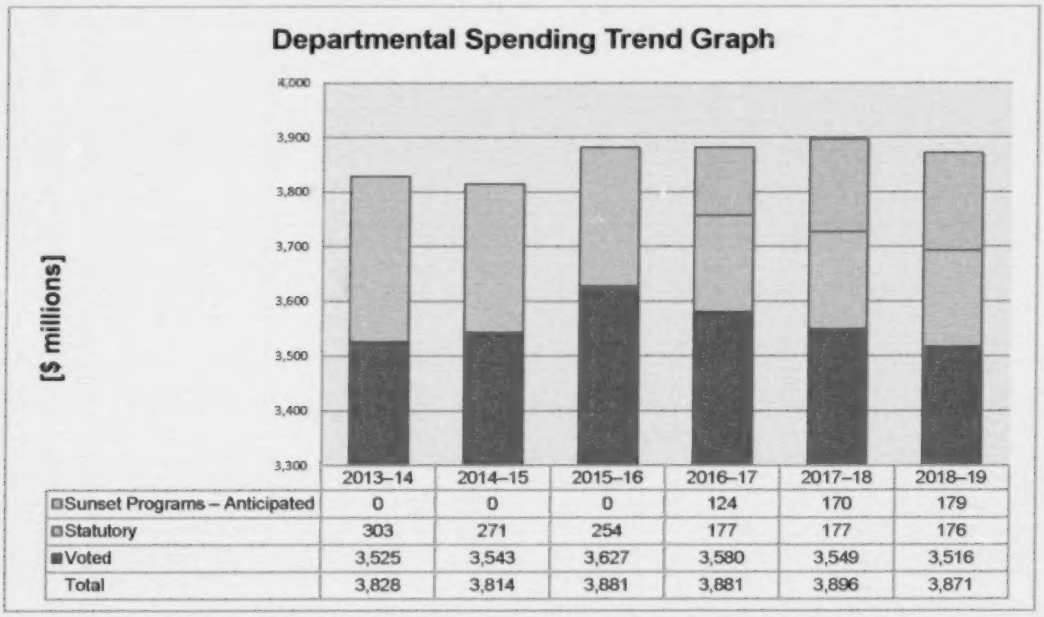
The additional funding received during 2015-16 relates mainly to the following initiatives: funding to maintain health promotion, disease prevention and health system transformation programs for Aboriginal populations, funding to establish a Thalidomide Survivors Contribution Program, funding for the renewal of the Labrador Innu Health Programs, and funding to the Canadian Foundation for Healthcare Improvement to support innovative health care practices.

The variance of $50.4 million between total authorities and actual spending in 2015-16 is mainly the result of the reprofile for the Canada Brain Research Fund, demand for the Indian Residential Schools Resolution Health Support Program being lower than planned, and a portion of the operating budget being carried forward to support strategic investments in 2016-17.

The decrease in planned spending in 2016-17 under Strategic Outcome 2 is mainly due to the sunsetting of time-limited spending authorities relating to the following initiatives: Clean Air Regulatory Agenda, Adaptation to Climate Change under Canada's Clean Air Agenda, and funding relating to the assessment, management, and remediation of Federal Contaminated Sites.

The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Departmental Spending Trend



	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Sunset Programs – Anticipated	0	0	0	124	170	179
Statutory	303	271	254	177	177	176
Voted	3,525	3,543	3,627	3,580	3,549	3,516
Total	3,828	3,814	3,881	3,881	3,896	3,871

Note: The figure above illustrates Health Canada's spending trend from 2013-14 to 2018-19.

The additions to planned voted and statutory spending reflect estimated renewals of certain sunsetting programs, which are under further review and consideration by the government.

In 2015-16, Health Canada spent $3,881 million to meet expected program results and contribute to the achievement of departmental strategic outcomes.

For the 2013-14 to 2015-16 period, the total of voted and statutory spending correspond to total authorities used as shown in the Public Accounts of Canada.

For the 2016-17 to 2018-19 period, the total of voted and statutory spending correspond to planned spending which excludes in-year funding from Supplementary Estimate processes, carry forward adjustments, and certain statutory funding.

Expenditures by Vote

For information on Health Canada's organizational voted and statutory expenditures, consult the *Public Accounts of Canada 2016*[xx] which is available on the Public Services and Procurement Canada website.

Alignment of Spending With the Whole-of-Government Framework

Alignment of 2015-16 Actual Spending With the Whole-of-Government Framework[xxi] (dollars)

Program	Spending Area	Government of Canada Outcome	2015-16 Actual Spending
1.1 Canadian Health System Policy	Social Affairs	Healthy Canadians	329,580,184
1.2 Specialized Health Services	Social Affairs	Healthy Canadians	15,260,199
1.3 Official Language Minority Community Development	Social Affairs	Healthy Canadians	37,221,431
2.1 Health Products	Social Affairs	Healthy Canadians	145,641,623
2.2 Food Safety and Nutrition	Social Affairs	Healthy Canadians	63,941,395
2.3 Environmental Risks to Health	Social Affairs	Healthy Canadians	87,559,410
2.4 Consumer Product and Workplace Chemical Safety	Social Affairs	Healthy Canadians	34,513,091
2.5 Substance Use and Abuse	Social Affairs	Healthy Canadians	84,450,294
2.6 Radiation Protection	Social Affairs	Healthy Canadians	20,871,026
2.7 Pesticides	Social Affairs	Healthy Canadians	41,360,034
3.1 First Nations and Inuit Primary Health Care	Social Affairs	Healthy Canadians	888,041,558
3.2 Supplementary Health Benefits for First Nations and Inuit	Social Affairs	Healthy Canadians	1,138,729,982
3.3 Health Infrastructure Support for First Nations and Inuit	Social Affairs	Healthy Canadians	672,276,324

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending	Total Actual Spending
Economic Affairs		
Social Affairs	3,391,954,503	3,559,446,551
International Affairs		
Government Affairs		

Financial Statements and Financial Statements Highlights

Financial Statements

The financial statements including the Annex to the Statement of Management Responsibility Including Internal Control over Financial Reporting can be found on Health Canada's web site[xxii].

Financial Statements Highlights

Condensed Statement of Operations (unaudited) For the Year Ended March 31, 2016 (dollars)

Financial Information	2015–16 Planned Results	2015–16 Actual	2014–15 Actual	Difference (2015–16 actual minus 2015–16 planned)	Difference (2015–16 actual minus 2014–15 actual)
Total expenses	4,021,484,000	4,147,755,000	3,993,213,000	126,271,000	154,542,000
Total revenues	329,673,000	292,034,000	285,324,000	(37,639,000)	6,710,000
Net cost of operations before government funding and transfers	3,691,811,000	3,855,721,000	3,707,889,000	163,910,000	147,832,000

The Department's total expenses were $4.1B in 2015-16.

There was an increase of $126.3M when comparing actual expenditures to planned results for 2015-16. This is primarily a result of an increase in funding for First Nations and Inuit Health programs and services; funding relating to the implementation of the British Columbia Tripartite

Framework Agreement on First Nation Health Governance; and funding to establish a Thalidomide Survivors Contribution Program.

There was an increase of approximately $154.5M when comparing year-over-year actual expenditures. The significant changes were:

- an increase of $83.5M in transfer payments due primarily to increases for First Nations and Inuit Health programs and services, implementation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance, increase in payments for substance abuse programs, and the establishment of the Thalidomide Survivors Contribution Program;
- an increase of $45.8M in utilities, materials and supplies reflecting an increase in expenses for pharmaceutical and medical supplies which are demand-driven and can vary from year to year;
- an increase of $24.2M in professional and special services mainly related to the Non-Insured Health Benefits (NIHB) Program which are demand-driven and can vary from year to year;
- an increase of $13.7M in the cost of travel for non-insured health patients as a result of increasing costs of transportation and a higher demand experienced during the year as compared with the prior year; and,
- an increase of $23.2M in other expenses as a result of the reversal of a contingent liability allowance in the prior year.

These increases are offset by:

- a decrease of $20.5M in salaries and employee benefits largely due to a decrease in the provision for severance pay.

The Department's total revenues were $292.0M in 2015-16 representing an increase of $6.7M over the prior year actual revenues. This increase is primarily a result of:

- an increase of $5.6M in services of a non-regulatory nature from the First Nations Health Authority, reflecting the increase noted above in the related expenditures under the NIHB Program; and
- an increase of $6.2M in rights and privileges revenue due to changes in the timing of billing for establishment licenses experienced.

These increases are offset by:

- a decrease of $4.0M in services of a regulatory nature due to a fluctuation experienced in the prior year in the volume of drug submissions received for evaluation.

Condensed Statement of Financial Position (unaudited) As at March 31, 2016 (dollars)

Financial Information	2015–16	2014–15	Difference (2015–16 minus 2014–15)
Total net liabilities	462,633,000	546,779,000	(84,146,000)
Total net financial assets	283,342,000	281,644,000	1,698,000
Departmental net debt	179,291,000	265,135,000	(85,844,000)
Total non-financial assets	135,225,000	130,776,000	4,449,000
Departmental net financial position	(44,066,000)	(134,359,000)	90,293,000

Total net liabilities were $462.6M at the end of 2015-16, a decrease of $84.1M from the previous year comprised mainly of:

- a decrease of $82.7M as a result of payments to Canada Health Infoway drawing down the liability originating from the 2007 and 2009 Budgets.

The year-over-year increase in total net financial assets of $1.7M is primarily a result of an increase in amounts due from the Consolidated Revenue Fund, reflecting changes in accounts payable and accrued liabilities.

Total non-financial assets increased $4.4M resulting from capital spending as approved in the main estimates, net of amortization.

Section III : Analysis of Programs and Internal Services

Programs

Program 1.1: Canadian Health System Policy

Description

The Canadian Health System Policy program provides strategic policy advice, research, and analysis to support decision-making on health care system issues, as well as program support to provinces and territories, partners, and stakeholders on health care system priorities. Mindful of equity, sustainability, and affordability Health Canada collaborates and targets its efforts in order to support improvements to the health care system such as improved access, quality, and integration of health care services. Through the management of grants and contributions agreements with key pan-Canadian health partners, the Canadian Health System Policy program contributes to priority health issues requiring national leadership and strong partnership. The program objective is to support innovative health care policy and programs to help Canadians maintain and improve their health.

Performance Analysis and Lessons Learned

Health Canada managed initiatives and new and existing funding agreements that advanced priority health issues, including the following:

- The Advisory Panel on Healthcare Innovation made its report public in July 2015, offering its recommendations on how government can support innovation.
- Health Canada, in partnership with Justice Canada, supported the development of legislation on medical assistance in dying and is committed to meeting the palliative and end-of-life care needs of Canadians.
- Health Canada continued to work with Canada Health Infoway to support the implementation and adoption of digital health information technologies, in collaboration with provinces, territories and other stakeholders. As of March 2016, 94% of Canadians have components of an Electronic Health Record available to their health professionals, and support has been given to over 38,000 clinicians in community-based and ambulatory settings for the adoption and use of electronic medical record systems. Additionally, to enhance patient safety, system efficiency and access to care, Budget 2016

Medical Assistance in Dying

In July 2015, the former Ministers of Health and Justice announced the establishment of an External Panel, which conducted broad consultations on medical assistance in dying and published its findings in December 2015. With the formation of the new government, Health Minister Philpott and Justice Minister Wilson-Raybould then jointly announced the creation of a Special Joint Committee of Parliament, mandated to review previous reports and undertake additional consultations. The Committee released its recommendations for a federal legislative framework in February 2016. These efforts laid the foundation for Bill C-14, legislation on medical assistance in dying, which was introduced in Parliament on April 14, 2016 and successfully passed into law on June 17, 2016.

committed $50 million to Canada Health Infoway to support short-term digital health initiatives in e-prescribing and telehomecare.

- During 2015-16, the Canadian Institute for Health Information (CIHI) developed a new strategic plan to make health information a catalyst for change in the health care system. The Health Canada – CIHI contribution agreement was amended with a one year extension to provide funding of $78.5 million in 2016-17 during which CIHI will continue its work on health system performance measurement and prescription drug abuse monitoring and will develop an implementation plan for its new strategic direction in relation to potential Health Accord priorities.
- Health Canada provided $47.5 million in funding to support the Canadian Partnership against Cancer which has, through collaboration with key stakeholders including the provinces and territories, accelerated uptake of new knowledge and coordinated approaches to advance cancer control in Canada.
- Health Canada provided $19 million in funding for 24 contribution agreements under the Health Care Policy Contribution Program and advanced health care innovation and health system renewal through collaborative working arrangements with provinces, territories, academic institutions, and non-governmental organizations.
- Health Canada signed a new agreement with the Canadian Foundation for Healthcare Improvement that will provide $14 million over two years to help support health system innovations that improve health care delivery. The agreement provided $2 million for 2015-16 and will provide $12 million for 2016-17.
- $14.25 million was provided for the Mental Health Commission of Canada in support of public education and awareness on mental health issues, dissemination of mental health data and research, and policy development and collaboration with provinces and territories and mental health stakeholders to improve mental health outcomes of Canadians.

In parallel to funding agreements, Health Canada continued working to modernize processes for the management of Grants and Contributions (Gs&Cs). For example, the Grants and Contributions Information Management System (GCIMS) was implemented, allowing improved delivery of Gs&Cs.

The Department also continued to monitor and analyse emerging trends and drivers in health technology policy and worked with Canadian and international partners to explore health technology management approaches to advance this area in Canada.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
260,390,118	260,390,118	345,205,119	329,580,184	69,190,066

Note: The variance of $84.8 million between planned spending and total authorities is mainly due to statutory grant funding for electronic health information communication technologies along with in-year funding received through the Supplementary Estimates process to establish a Thalidomide Survivors Contribution Program and funding for the Canadian Foundation for Healthcare Improvement.

The variance of $15.6 million between total authorities and actual spending is mainly due to funding that will be reprofiled for the Canada Brain Research Fund.

The variance of $69.2 million between actual and planned spending is mainly due to statutory grant funding for electronic health information communication technologies that is not part of planned spending. This is partly offset by the reprofile of funding for the Canada Brain Research Fund.

Human Resources (Full-Time Equivalents [FTEs])

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
238	175	-63

Note: The variance of 63 in FTE utilization is mainly due to program hiring delays and personnel departures without backfills.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Acts as a catalyst to address current and emerging health issues and priorities.	# of actions taken (e.g. Grant and Contribution signed) to respond to current and emergent issues	6 by March 31, 2016	6

Program 1.2: Specialized Health Services

Description

The Specialized Health Services program supports the Government of Canada's obligation to protect the health and safety of its employees and the health of visiting dignitaries. Health Canada delivers counselling, organizational development and critical incident support services to federal government departments through a network of contracted mental health professionals and also provides immediate response to employees following traumatic incidents in the workplace. Health Canada delivers occupational health and occupational hygiene consultative services to ensure that public servants meet medical requirements to safely and effectively perform their duties and to prevent work-related illness and injury. Health Canada pro-actively contributes to reducing the number of work days lost to illness across the federal government through the provision of occupational and psychosocial health services to federal public servants. Health Canada also arranges for the provision of health services for Internationally Protected Persons (IPP) who have come to Canada for international events, such as meetings or official visits by government leaders or the Royal Family. IPPs are representatives of a State, usually Heads of State and/or Government, members of the Royal Family, or officials of an international organization of an intergovernmental character. The program objective is to ensure continuity of

services and the occupational health of federal public servants who can deliver results to Canadians in all circumstances and to arrange health services for IPPs.

Performance Analysis and Lessons Learned

In 2015-16, Health Canada continued to provide occupational health and psychosocial support to public servants to ensure continuity of service to Canadians. The program successfully met its operational targets in Employee Assistance Services and the Public Service Occupational Health Program. In addition, Health Canada developed 70 health contingency plans for Internationally Protected Persons and their families visiting Canada in 2015-16. The new service delivery model was implemented for the provision of food surveillance services, where training was offered to the new network of 42 Food Surveillance Officers across the country. Health Canada also continued its partnership with the Treasury Board Secretariat (TBS) related to the Workplace Wellness and Productivity Strategy to support the continuous development and improvement of new and existing services and programs for the purpose of maximizing wellness and productivity amongst federal employees.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
19,133,053	19,133,053	17,566,176	15,260,199	-3,872,854

Note: The variance of $1.6 million between planned spending and total authorities is mainly due to actual employee benefit plan costs being less than planned.

The variance of $2.3 million between total authorities and actual spending is mainly due to unanticipated departures of staff in the Public Service Occupational Health Program and lower demand than planned for services under the Employee Assistance Services.

The variance of $3.9 million between actual and planned spending is mainly due to a combination of unanticipated departures of staff in the Public Service Occupational Health Program, lower demand than planned for services under the EAS and actual employee benefit plan costs being less than planned.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
266	179	-87

Note: The variance of 87 in FTE utilization is mainly due to the calculation of planned FTE figures being based on theEAS using its full revenue authority. FTE utilization is a reflection of workforce requirements based on actual workload.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Federal employees are able to manage their psychosocial issues during and immediately following, stressful or traumatic events.	% of psychosocial cases that are closed within eight Employee Assistance Program sessions.	70 by March 31, 2016	98*
Reduced absenteeism in the workplace for employees who access employee assistance services.	% reduction in absenteeism in the 30 days that follow an employee's last Employee Assistance Program session versus the 30 days prior.	25 by March 31, 2016	41**
Internationally Protected Persons have access to health services and medical treatment they might require when they are in Canada for regular visits or to participate in major international events.	% of client assessments in which service provided was rated as satisfactory or strong.	100 by March 31, 2016	100

* Historically, the actual results for the Employee Assistance Program (EAP) expected results have been higher than targets set for the program. The target was set based on industry standards and discussions with other EAP providers. Given the positive results, this target could be reviewed when preparing for the 2017-18 Report on Plans and Priorities (RPP).

** The target was established approximately five years ago when the program started gathering data through a more detailed telephone based survey. At that time, since the data was new, the target was set at this level until trends in the data could be determined. Given the positive results, Employee Assistance Services could review this target when preparing for the 2017-18 RPP.

Program 1.3: Official Language Minority Community Development

Description

The Official Language Minority Community Development program involves the administration of Health Canada's responsibilities under Section 41 of the *Official Languages Act*[xxiii]. This Act commits the federal government to enhancing the vitality of official language minority communities and fostering the full recognition and use of English and French in Canadian society. This program includes: consulting with Canada's official language minority communities on a regular basis; supporting and enabling the delivery of contribution programs and services for official language minority communities; reporting to Parliament and Canadians on Health Canada's achievements under Section 41; and, coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority

communities. The program objectives are to improve access to health services in the minority official language communities and to increase the use of both official languages in the provision of health care services. This program uses funding from the following transfer payment: Official Languages Health Contribution Program (OLHCP).

Performance Analysis and Lessons Learned

In 2015-16, Health Canada continued to provide support to improve access to health services in the minority official language communities through the OLHCP. In particular, the Department:

- Continued to manage the OLHCP and provided over $37M in contribution funding to community and government organizations in order to improve access to health care in official language minority communities across Canada.
- Health Canada officials participated in national and regional events organized by official language minority community stakeholders, including annual general meetings and board meetings of recipient organizations of the OLHCP. Official language minority community representatives were able to share their concerns and promote their interests in the health sector with Health Canada's senior management on several occasions.
- Health Canada provided $7.085 million to the Société Santé en français (SSF) and $5.085 million to the Community Health and Social Services Network (CHSSN). Member networks of SSF and CHSSN produced health guides and directories of health services available in the minority language and organized forums for official language minority community stakeholders and the general population. Networks implemented several projects in partnership with provincial/territorial health systems.
- Health Canada provided $17.3 million to the Consortium national de formation en santé and its member institutions for French-language health programs in colleges and universities outside Quebec, and $4.43 million to McGill University. In 2015-16, 787 students graduated from the 100 French-language academic health programs funded by Health Canada in 11 colleges and universities located outside of Quebec.
- Seven specialized French second-language courses were provided to health sector students at McGill University to integrate them into the Quebec labour force as bilingual health services providers.

Increased access to bilingual health professionals

Since 2003, Health Canada has been providing financial support to French-language training programs in universities and colleges outside Quebec in order to increase the supply of health professionals available to serve French linguistic minority communities. Hence, close to 11,000 additional health professionals have been trained.

In Quebec, bursaries were allocated in September, 2015 to 21 bilingual full-time students in health and social service programs with the provision that they return to work in a Quebec region for a minimum of one year. Previous data from 2011-2014 revealed that 88% of bursary recipients exceed the one-year bursary requirement period.

- McGill University allocated $175,000 in bursaries to 21 students from selected Quebec regions with English and French language skills. An evaluation of this bursary program released in May 2015 revealed that 88% of bursary recipients over the 2011-14 period were working in those Quebec regions for longer than the one-year bursary requirement period.
- Health Canada provided $2.49 million to government and community organizations to carry out innovative health services access and retention projects, including new recipients. For example:
  - A project with the Association of Faculties of Medicine of Canada integrating French-speaking medical graduates from Canada's English-language universities and Quebec universities into French linguistic minority communities identified over 550 Francophone and Francophile learners across 13 faculties of medicine. In 2015-16, 16 students received internship placements in French linguistic minority communities (11 different facilities in eight cities), and 332 students participated in training sessions.
  - Funding for a project sponsored by the Association canadienne-française de l'Alberta Régionale de Calgary led to the opening of a multidisciplinary medical clinic for the French-speaking community of Calgary on May 1, 2015.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
37,528,856	37,528,856	37,503,038	37,221,431	-307,425

Note: The variance of $0.3 million between actual and planned spending is mainly due to revised implementation timelines for contribution agreements and changes in planned staffing levels.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
10	7	-3

Note: The variance of 3 in FTE utilization is mainly due to program hiring delays and personnel departures without backfills.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Official Language Minority Communities have access to health care services in the official language of their choice.	% of healthcare professionals who successfully complete Health Canada funded training programs.	70 by March 31, 2016	73
	% of program trained health professionals who are retained.	86 by March 31, 2016	75*

* Reflects the employment in French linguistic minority communities (outside Quebec) of graduates from 100 French language health programs in postsecondary institutions outside of Quebec.

Variance in target achieved is due to methodology change. The new method includes in its denominator program trained professionals who pursue higher education/training in health-related programs (post-secondary, speciality, etc.) or other professions rather than work in the healthcare system (application of previous method would result in a 92% retention rate)

Note: Data is based on 50% response rate of follow-up survey with graduates funded under the program.

Program 2.1: Health Products

Description

The *Department of Health Act* and the *Food and Drugs Act* and Regulations provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with a broad range of health products that affect the everyday lives of Canadians, including pharmaceutical drugs, biologics and radiopharmaceuticals, medical devices, and natural health products. Health Canada verifies that the regulatory requirements for the safety, quality, and efficacy of health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, Health Canada provides evidence-based, authoritative information to Canadians and key stakeholders, including health professionals such as physicians, pharmacists and natural health practitioners, to enable them to make informed decisions. The program objective is to ensure that health products are safe, effective, and of high quality for Canadians.

What's New...

Health Canada released its first annual Drug Approvals Highlight Report. It contains information on new active substances (NASs), subsequent entry biologics (SEBs) (biosimilars), and new generic pharmaceuticals authorized in 2015.

Did you know...

In 2015-16, Health Canada issued 18,300 health product regulatory decisions including 39 new active substances approved.

Performance Analysis and Lessons Learned

The Canadian health product industry compliance rating was 96%, demonstrating a consistently high level of compliance.

As part of the implementation of the new powers under the *Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)*[xxiv], a Guide to New Authorities[xxv] was developed and posted for consultation. The final version was posted on the Health Canada website in July 2015. This guide supports Health Canada's Health Products and Food Branch, in applying the new authorities in a manner that is informed, fair, consistent, and effective. In addition, work continued on the development of quality management system documents to support processes for mandatory recalls.

In support of the Transparency and Openness Framework, Health Canada carried out activities such as posting on a quarterly basis a table of health product advertising complaints, as handled by the Department, and posting of Summary Safety Reviews. For the latter, stakeholders found these postings pertinent, relevant, and useful, and the plain language is highly valued.

Did you know...

Health Canada launched the Drug and Health Product Inspections Database which includes information on inspections of companies that manufacture and sell drug products for the Canadian market. The tool provides centralized access to plain-language, timely information on inspections. Canadians can use this information to have a better understanding of how Health Canada is enforcing - and how companies are meeting - Canada's high standards for drug safety and quality.

For inspections of health product establishments, Health Canada has launched the Drug and Health Product Inspections Database which lists all inspections including inspection ratings and observations. Following each inspection, an Inspection Report Card is posted which summarizes the observations and the measures taken by Health Canada.

In addition, the complete drug dataset is now available through the Drug and Health Product Register.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
148,110,784	148,110,784	146,869,279	146,641,623	-2,469,161

Note: The variance of $2.5 million between actual and planned spending is mainly due to a reallocation of funding within the department to address program needs and priorities.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
1,915	1,763	-152

Note: The variance of 152 in FTE utilization is mainly due to the calculation of planned FTE figures being based on the Drugs and Medical Devices program using its full revenue authority. FTE utilization is a reflection of workforce requirements based on actual workload.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Health products available to Canadians on the Canadian market are safe and effective.	% of regulated parties who are deemed to be in compliance with the Food and Drugs Act and its associated Regulations.	95 by March 31, 2016	96

Program 2.2: Food Safety and Nutrition

Description

The *Department of Health Act* and the *Food and Drugs Act* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with the safety and nutritional quality of food. Food safety standards are enforced by the Canadian Food Inspection Agency. Health Canada develops and promotes evidence-based, national healthy eating policies and standards for Canadians and key stakeholders, including non-governmental organizations, health professionals, and industry associations to enable all stakeholders to make informed decisions about food and nutrition safety as well as healthy eating. The program objectives are to manage risks to the health and safety of Canadians associated with food and its consumption, and to enable Canadians to make informed decisions about healthy eating.

Performance Analysis and Lessons Learned

In the latest "World Ranking of Food Safety Performance" report published by the Food Institute of the University of Guelph and the Conference Board of Canada (2014), Canada ranked number 1 overall amongst 17 Organization for Economic Coope ation and Development (OECD) countries for its food safety performance, which includes Canada's ability to respond to food safety recalls.

A key performance target in the area of food safety and nutrition was met, as an assessment of the use of Canada's Food Guide reported that 40% of Canadians use the Food Guide to make healthy food choices/behaviours. The Department launched the "Eat Well Plate" online tool and "My Food Guide" mobile application to help Canadians access and apply Health Canada's dietary guidance.

Health Canada pre-published proposed changes to the *Food and Drug Regulations* to update nutrition information on food labels in Part I of the Canada Gazette on June 13, 2015. Updates were related to updating the basis of the % Daily Values to be in line with current population dietary recommendations and updating the list of nutrients required to be shown in the Nutrition Facts table. Proposals also included requiring a more uniform serving size to be used for similar foods, improving the legibility of the list of ingredients and related allergen statements, and introducing a new disease risk reduction claim. Feedback received during the comment period is under review.

The second phase of the Nutrition Facts Education Campaign (NFEC: Focus on the Facts) was launched in 2015, with a focus on Serving Size and % Daily Value.

Health Canada developed and promoted factsheets and web content, e.g. Focus on the Facts: How to Use Serving Size and % Daily Value, as well as a stakeholder toolkit of resources.

Did you know...

Canada's Food Guide is a popular and well used source of information. To date, over 30 million copies of the Guide have been distributed and 2 million copies accessed online.

Health Canada has established directions moving forward in regards to the sodium reduction initiative, the elimination of trans fat initiative and for the introduction of new restrictions on the commercial marketing of unhealthy foods and beverages to children.

An evaluation was completed for the Nutrition Policy and Promotion Program (NPPP). The findings noted that the NPPP is one of the key players that contribute to addressing Canadians' need for information on nutrition and healthy eating.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
67,838,730	67,838,730	65,987,214	63,941,395	-3,897,335

Note: The variance of $3.9 million between actual and planned spending is mainly due to a reallocation of funding between programs and a transfer to the Canadian Food Inspection Agency approved through Supplementary Estimates to support the Global Food Safety Partnership and the Codex Trust Fund initiatives.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
594	500	-94

Note: The variance of 94 in FTE utilization is mainly due to program hiring delays and personnel departures without backfills.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Foodborne illness, outbreaks and food safety incidents are effectively prevented and managed.	% of the time that Canada maintains a ranking amongst the top 5 jurisdictions internationally in responding effectively to food safety recalls. (Note: The Food Safety Performance World Ranking initiative is designed to help identify relative strengths and weaknesses in Canada's food safety performance by comparing across 16 countries).	100 by March 31, 2016	100
Canadians make informed eating decisions.	% of Canadians who consult Health Canada's healthy eating information (e.g. Canada's Food Guide) to inform their decisions.	40 by March 31, 2016	40

Program 2.3: Environmental Risks to Health

Description

The *Canadian Environmental Protection Act, 1999*, and the *Department of Health Act* provide the authorities for the Environmental Risks to Health program to assess and manage the health risks associated with climate change, air quality, drinking water quality, and chemical substances. This program activity links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Canada Consumer Product Safety Act* provide the authority to manage the health risks associated with chemical substances in products in the purview of these program activities. Key activities include: risk assessment and management as well as research and bio-monitoring of chemical substances; provision of technical support for chemical emergencies that require a coordinated federal response; development of guidelines on indoor and outdoor air quality; development and dissemination of water quality guidelines; and, supporting the implementation of heat alert and response systems in Canadian communities. The program objective is to protect the health of Canadians through the assessment and management of health risks associated with environmental contaminants, particularly chemical substances and to provide expert advice and guidelines to partners on the

health impacts of environmental factors such as air and water contaminants and a changing climate.

Performance Analysis and Lessons Learned

Health Canada met its program objective of protecting the health of Canadians through the assessment and management of health risks associated with chemical substances and providing expert advice and guidelines to partners on the health impacts of environmental factors such as air and water contaminants and a changing climate.

> **Did you know ...**
>
> On February 6, 2016, the Government of Canada published a Notice of Intent in the *Canada Gazette I* inviting stakeholders to provide information on the remaining 1550 substances to address under the Chemicals Management Plan (CMP). Information received through this early stakeholder engagement process will inform the path forward for the next phase (2016-2020) of the CMP.

In 2015-16 Health Canada continued to implement the Chemicals Management Plan (CMP). Health Canada planned to assess the potential health and ecological risks associated with approximately 1,500 substances between April 1, 2011 and March 31, 2016. Through the substance groupings and rapid screening initiatives, Health Canada published Draft Screening Assessment Reports (DSARs) for 48 substances in 2015-16 (3% of total), thus increasing the cumulative completed DSARs rate to 97%. In addition, Health Canada published Final Screening Assessment Reports (FSARs) for 75 substances in 2015-16 (5% of total), thus increasing the cumulative completed FSARs rate to 33%. Although the risk assessment work had been completed, Health Canada did not meet its performance target for the publication of existing substance risk assessments in 2015-16. This was due to a number of factors, including the need to address recommendations from the evaluation of CMP2 to review and streamline processes leading to publication. Dedicating significant resources to improving our departmental systems, including the implementation of a new workflow and file management tool, was required given the increased volume and diversity of assessment publications expected in CMP3. Health Canada anticipates that the backlog of CMP2 publications will be eliminated in 2016-17.

> **Did you know ...**
>
> The Air Quality Health Index (AQHI) is the first health based tool of its kind in the world and jurisdictions such as Hong Kong and the United Kingdom have modelled their indices after it.

One final risk management instrument and one amendment to a final risk management instrument were also published for existing substances deemed harmful to human health in 2015-16. As well, 100 % (465) of new substances for which notification has been received from industry of their manufacture or import were assessed within targeted timelines in 2015-16 and 100 % (9) of new substances assessed to be harmful to human health also had control measures developed within mandated timeframes.

In 2015-16, the department conducted health risk assessments, health benefit analysis, research and outreach in support of the Air Quality Management System. This included Canadian Ambient Air Quality Standards, the development of Residential Indoor Air Quality guidelines and guidance, actions to reduce emissions from transportation and industrial sources, and increased coverage and awareness of the Air Quality Health Index. The air program did not fully

meet planned targets for providing health guidance or health assessments. This, in part, reflects that planned targets are generally the culmination of long, collaborative processes, involving scientific assessment, peer review, and significant consultation with stakeholders. Health Canada anticipates that these planned assessments and distribution of guidance products will be completed in 2016-17.

Health Canada also protected the health of Canadians in 2015-16, by finalizing four health-based drinking water guidelines/guidance documents approved by provinces/territories, which are used as the basis for drinking water quality requirements across Canada.

Extreme heat events, sometimes called 'heatwaves', are a growing risk to the health of Canadians. Climate change is increasing the frequency of such events in many communities across Canada, often with the most impact being felt by vulnerable populations such as seniors and children. Heat-related deaths and illnesses and the exacerbation of existing health conditions, can be reduced through community based actions that alert the public when dangerously hot conditions are forecast and by designing cooler communities that promote mitigating actions such as planting shade trees and replacing concrete and paved surfaces with green spaces. Health Canada continued its support of the development and implementation of Heat Alert and Response Systems along with provincial-wide systems in Manitoba and Alberta. In Ontario, a consistent and coordinated province-wide approach has been developed to harmonize heat-related alerting, communications and response activities, with 11 of Ontario's public health units located within the footprint of the (Para) Pan American Games piloted having harmonised heat and air quality alerting and messaging over the 2015 heat season.

Health Canada also continued to provide expert advice and oversight to minimize the risks to Canadians posed by environmental factors through two key horizontal, multi-departmental programs. The Environmental Assessment Program continued to provide support and technical advice (relating to air/water quality, country foods, noise and radiation) on proposed projects undergoing environmental assessment review across Canada. The Contaminated Sites Program continued to meet its Federal Contaminated Sites Action Plan commitments with the provision of scientifically sound expert support and advice to federal custodian departments for the assessment, mitigation and risk management of legacy contaminated sites to reduce risks to human health and federal liabilities.

Research on air quality and health generated 60 (100% of planned) knowledge transfer activities including client meetings, reports, publications and presentations. For example, the Canadian Census Health and Environment Cohort study (CanCHEC), a national study examining the long-term effects of exposure to combustion-related pollution from outdoor sources conducted in Canada, identified mortality risk estimates for fine particulate matter (PM2.5) which were included in the Global Burden of Disease estimates. The Global Burden of Disease [xxvi] is considered to be the "largest and most comprehensive effort to measure epidemiological levels and trends worldwide".

Health Canada completed 100% (290) planned knowledge transfer activities such as client meetings, reports, publications and presentations in support of research and monitoring and surveillance activities for the CMP. For example, a technical guide for applications of gene expression profiling in human health risk assessment of environmental chemicals was developed and recognized by the Society of Toxicology as one of the top 10 best published papers in 2015 for advancing the science of risk assessment. The publication contains a checklist for regulators

for a variety of quality checks on genomics data and describes best practices for analysis and interpretation.

Health Canada released the Third Report on Human Biomonitoring of Environmental Chemicals in Canada which presents national biomonitoring data on the Canadian population's exposure to chemicals, collected as part of the Canadian Health Measures Survey.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
100,282,109	100,282,109	91,265,498	87,559,410	-12,722,699

Note: The variance of $9.0 million between planned spending and total authorities is mainly due to a reallocation of funding within the department to address program needs and priorities.

The variance of $12.7 million between actual and planned spending is mainly due to a reallocation of funding within the department, lower than anticipated laboratory maintenance costs, and delays in securing required goods and services.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
718	561	-157

Note: The variance of 157 in FTE utilization is mainly due to program hiring delays and personnel departures without backfill

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Canadians, institutions and government partners have the guidance and tools they need to respond to potential and actual environmental risks associated with health.	% of planned guidance materials completed.	100 by March 31, 2016	83*
Chemical substances deemed to be harmful to human health are managed in a timely manner	% of substances assessed to be harmful to human health for which at least one risk management instrument was developed by category of substance	100 by March 31, 2016	100

Expected Results	Performance Indicators	Targets	Actual Results
	(new and existing).		

* 14 of 17 = 83%

Air: two of four guidance materials/tools completed as planned

Water: four of five guidelines / guidance documents approved by provinces and territories

Contaminated Sites: four of four final comprehensive drafts of planned guidance documents completed

Environmental Assessment: four of four final comprehensive drafts of planned guidance documents completed

Program 2.4: Consumer Product and Workplace Chemical Safety

Description

The Consumer Product and Workplace Chemical Safety program supports efforts to protect Canadians from unsafe products and chemicals. The Consumer Product Safety program supports industry's responsibility for the safety of their products and consumers' responsibility to make informed decisions about product purchase and use, under the authorities of the *Canadian Consumer Product Safety Act* and the *Food and Drugs Act* and its *Cosmetic Regulations*[xxvii]. Health Canada's efforts are focused in three areas: active prevention; targeted oversight; and, rapid response. The *Hazardous Products Act* and the *Hazardous Materials Information Review Act* provide the authorities for the Workplace Chemical Safety program to maintain a national hazard communication standard of cautionary labelling and material safety data sheets for hazardous chemicals supplied for use in Canadian workplaces and to protect related confidential business information. The program objectives are to protect Canadians by managing the potential health and safety risks posed by consumer products and cosmetics in the Canadian marketplace and from hazardous chemicals in the workplace.

Keeping Canadians Safe ...

In November 2015, Health Canada carried out a compliance and enforcement project on seasonal lights following a number of reports of overheating and fire hazards. After discovering that several products did not meet Canadian standards, the department worked with industry to recall millions of strings of lights, and has strengthened its relationships with the Canadian Standards Association and the Standards Council of Canada towards further improving the safety of consumer products in Canada.

Performance Analysis and Lessons Learned

In 2015-16, Health Canada, working with its partners, continued to implement the Food and Consumer Safety Action Plan, in part through the *Canadian Consumer Product Safety Act* which provides Health Canada with a robust set of tools to engage in active prevention, targeted oversight and rapid response to address dangers to human health or safety that are posed by consumer products. Health Canada took action on non-compliant consumer products and cosmetics within the service standard approximately 85% of the time. Health Canada now reports on a broader spectrum of risk management actions, including those linked to incidents and those on unregulated products (in addition to those on regulated products). Health Canada

continued to monitor the efficiency of its risk management operational procedures to ensure prompt action is taken to reduce the risks posed by dangerous consumer products and cosmetics in the Canadian marketplace. In the spirit of regulatory openness and transparency, Health Canada continued posting the results of its cyclical enforcement activities on the web, along with quarterly incident report data, so that relevant consumer product information is readily available to the Canadian public.

Health Canada provided protection of industry confidential business information in accordance with the requirements of the *Hazardous Materials Information Review Act*, while also ensuring critical health and safety information was available to workers. Health Canada also provided guidance to support the implementation of the Globally Harmonized System (GHS) of classification and labelling of chemicals, and delivered on its commitments under the Regulatory Cooperation Council (RCC) work plan for workplace chemicals.

Health Canada triaged mandatory and voluntary incident reports to detect potentially unsafe consumer products and cosmetics at the earliest stage possible. When appropriate, these reports were then sent for risk assessment, risk management or placed under surveillance. In 2015-16, Health Canada received and processed 2,078 reports (54% from industry, 46% from consumer).

Canada's regulatory requirements for cribs, cradles and bassinets are among the most stringent in the world. However, Health Canada identified safety concerns associated with these products that needed to be addressed. To address these safety concerns, proposed new Cribs, Cradles and Bassinets Regulations were published in Canada Gazette, Part I for public consultation on July 25, 2015. In addition, in August 2015, a Notice of Intent was published in *Canada Gazette*, Part I notifying interested parties that Health Canada is considering further risk management actions to help reduce the risk of strangulation to children in Canada posed by corded window covering products, including proposing amendments to the Corded Window Covering Products Regulations.

To advance joint activities, inform decision-making and support product safety activities, Health Canada continued to work with its international counterparts, including participating in the International Consumer Product Health and Safety Organization symposium, the Organization for Economic Cooperation and Development Working Party on Consumer Safety, Third North America Consumer Product Safety Summit which examined progress under their Cooperative Engagement Framework, and the United Nations Sub-Committee on Classification and Labelling of Chemicals, as well as the RCC with respect to the workplan for workplace chemicals.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
37,689,337	37,689,337	37,389,916	34,513,091	-3,176,246

Note: The variance of $3.2 million between actual and planned spending is mainly due to a reallocation of funding within the department to address program needs and priorities, delays in both contracting and staffing, and in the development and publication of regulations.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
300	290	-10

Note: The variance of 10 in FTE utilization is mainly due to program hiring delays and personnel departures without backfills.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Risks associated with consumer products and cosmetics in the Canadian marketplace are appropriately managed.	% of non-compliant products identified through the Cyclical Enforcement Plan and incident reporting, for which risk management action is taken in accordance with established operating procedures and timelines.	85 by March 31, 2016	85
Confidential Business Information is protected in accordance with the requirements of the *Hazardous Materials Information Review Act*.	# of breaches of confidentiality.	0 by March 31, 2016	0

Program 2.5: Substance Use and Abuse

Description

Under the authority of several Acts, the Substance Use and Abuse program regulates tobacco products and controlled substances. Through the *Tobacco Act* and its regulations the program regulates the manufacture, sale, labelling and promotion of tobacco products. The program leads the Federal Tobacco Control Strategy, the goal of which is to further reduce the prevalence of smoking through regulatory, programming, educational and enforcement activities. Through the *Controlled Drugs and Substances Act* and its regulations, the program regulates access to controlled substances and precursor chemicals to support their legitimate use and minimize the risk of diversion for illicit use. As a partner department under the National Anti-Drug Strategy (NADS), the program supports prevention, health promotion, treatment initiatives, and enforcement with the goal of reducing substance use and abuse, including prescription drug abuse. In addition, the program provides timely, evidence-based information to key stakeholders including, but not limited to, law enforcement agencies, health professionals, provincial and territorial governments and Canadians. The program objective is to manage risks to the health of Canadians associated with the use of tobacco products and the illicit use of controlled substances and precursor chemicals.

Did you know ...

Canada has made substantial progress in tobacco control. Prevention and smoking cessation, and product regulation initiatives have led to reductions in smoking prevalence. The Canadian smoking rate is 15 %, which is an all-time low and one of the lowest in the world.

According to the latest information available from 2013, current smoking among youth aged 15 to 19 years has declined from 28% in 1999 to 11%. This is the lowest rate of current smoking recorded for this age group since Health Canada first reported smoking prevalence.

Performance Analysis and Lessons Learned

There are few other countries that have been as successful as Canada in lowering smoking rates and shifting public attitudes regarding tobacco. The 2013 results from the Canadian Tobacco, Alcohol and Drugs Survey found that 15% of Canadians were current cigarette smokers. This is down from 22% in 2001, and is the lowest national smoking rate ever recorded. Furthermore, the prevalence rate for teens aged 15-17 is 6%, which is the lowest it has ever been. The 2012-17 Federal Tobacco Control Strategy (FTCS) refocused activities in tobacco control to continue the downward trend in smoking prevalence, including investments in new priorities for young adults and First Nations and Inuit populations with higher smoking rates. Health Canada, which leads the FTCS, undertook a variety of regulatory, programming, educational and enforcement activities to further reduce smoking prevalence. For example, amendments to further restrict the use of flavour additives (with some exceptions) in certain types of cigars that made them more appealing to youth came into force on December 14, 2015.

Despite this success, there are over 5 million tobacco users in Canada. Furthermore, the decline in the rate of tobacco use among youth has slowed down. Given the significant health, economic and social costs, Health Canada will continue to take decisive action to help protect young people and others from inducements to use tobacco products and help users quit.

Health Canada continued to undertake a wide range of activities with respect to controlled substances through the *Controlled Drugs and Substances Act* and under the federal NADS, which was expanded in 2014 to include prescription drug abuse. Harm reduction is an important part of a comprehensive approach to drug control. A number of harm reduction initiatives have been undertaken, for example, Health Canada made naloxone, an overdose-reversing drug, available without a prescription at the federal level, specifically for emergency use outside a hospital setting, which has resulted in increased access to the drug to help address the growing number of opioid overdoses in Canada. In addition, Health Canada has authorized two supervised consumption sites. Activities in 2015 focused on a continued effort to streamline and increase the transparency of the processes to authorize and issue licenses, permits, registrations and authorizations to perform legitimate activities with controlled substances and precursor chemicals. Health Canada continued to work with partners and regulated parties to reduce the risk of diversion of controlled substances and precursor chemicals by promoting and monitoring compliance with the *Controlled Drugs and Substances Act* and its regulations. Prescription Drug Abuse activities continued in 2015-16 under the NADS framework. These included a community pharmacy inspection program, as well as support for the Canadian Institute for Health Information to develop Canadian standards and indicators for more coordinated data collection on prescription drug abuse.

Did you know ...

In order to ensure appropriate access and monitoring of controlled substances, in 2015-16, Health Canada processed 2562 new licences, 5415 import and export permits, 11321 exemptions (of which 8960 are for temporary methadone) and 124873 requests for authorization from law enforcement to destroy seized drugs.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
86,731,215	86,731,215	86,174,613	84,450,294	-2,280,921

Note: The variance of $2.3 million between actual and planned spending is mainly due to lower than anticipated provincial and territorial funding requirements for the pan-Canadian Quitline and the Canadian Student Tobacco, Alcohol and Drugs Survey. This is partly offset by costs for implementing the regulations pertaining to the use of marijuana for medical purposes.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
394	476	82

Note: The variance of 82 in FTE utilization is mainly due to an increase in resources for controlled substances and implementation of the Marijuana for Medical Purposes Regulations.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Reduction in tobacco prevalence.	% of current Canadian (aged 15+) smokers reduced.	<17 by March 31, 2016	15*
Reduction in illicit drug use.	% of Canadians (aged 15+) who abuse psychoactive drugs reduced.	<10 by March 31, 2016	10.90**
	% of youth (aged 15-24) who abuse psychoactive drugs reduced.	<23 by March 31, 2016	26***

* 15% refers to current Canadian cigarette smokers.

** Data (past 12 month use of any of six illicit drugs) from the 2013 Canadian Tobacco, Alcohol and Drugs Survey. Use of most of the individual drugs included in this measure did not change from the last survey conducted in 2012. Data from the 2015 Canadian Tobacco, Alcohol and Drugs Survey will be released in late 2016.

*** Data from the 2013 Canadian Tobacco, Alcohol and Drugs Survey. 26.0 is the % of youth (15-24 years) who abuse psychoactive drugs, which is defined as using at least one of the following substances at least once in the past 12 months: cannabis, cocaine/crack, meth/crystal meth, ecstasy, hallucinogens, salvia, inhalants, heroin and pain relievers, stimulants or sedatives to get high.

Program 2.6: Radiation Protection

Description

The *Department of Health Act*, the *Radiation Emitting Devices Act*, and the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act*[xxviii] provide the authority for the Radiation Protection program to monitor, regulate, advise, and report on exposure to radiation that occurs both naturally and from man-made sources. In addition, the program is licensed under the Canadian Nuclear Safety Commission's *Nuclear Safety and Control Act*[xxix] to deliver the National Dosimetry Service, which provides occupational radiation monitoring services. The key components of the program are environmental monitoring, provision of technical support for a radiological/nuclear emergency that requires a coordinated federal response, occupational safety, and regulation of radiation emitting devices. The program objective is to inform and advise other government departments, international partners, and Canadians in general about the health risks associated with radiation, and inform Canadians of strategies to manage associated risks.

Did you know ...

Health Canada has been monitoring environmental radioactivity across Canada since 1959. Our monitoring stations were particularly useful in monitoring the radiation stemming from the Fukushima nuclear power plant accident in March 2011.

Performance Analysis and Lessons Learned

Health Canada is the lead federal department responsible for coordinating the response to a nuclear emergency under the Federal Nuclear Emergency Plan. As part of a series of exercises to test the revised Federal Nuclear Emergency Plan (5th edition), Health Canada participated in Exercise 'Intrepid' 15 in New Brunswick with response partners including the Province of New Brunswick and the Point Lepreau Nuclear Generating Station. In addition, Health Canada participated in a workshop and a table top exercise in British Columbia for emergencies involving a nuclear powered vessel. Health Canada also conducted a number of drills to identify any problems, inadequacies, or gaps in preparedness and response plans so that these issues may be resolved prior to a real emergency.

Health Canada prepared for and was ready to respond, according to national and regional health portfolio emergency response plans, to chemical and radiological emergencies during the Pan Am and Parapan Am Games held in July and August 2015.

The Department continued to increase awareness of the risks, health impacts and mitigation strategies related to indoor air exposure of radon gas – the leading cause of lung cancer for non-smokers. Health Canada supported and participated in the 3rd annual National Radon Action Month in November 2015 led by the New Brunswick Lung Association. Take Action on Radon outreach activities were conducted in January and February 2016 through social media and public outreach activities that included presentations and the distribution of radon awareness materials at home shows, conferences, and community and health centres. The aim is to encourage all Canadians to test the levels of radon gas in their homes, and to reduce the radon levels if necessary. In support of activities listed above, there were a number of guidance documents, fact sheets and brochures completed to support the National Radon Program outreach activities.

Health Canada continued to meet international and national requirements related to environmental radiation monitoring. Environmental radiation monitoring activities support Canada's obligations under the Comprehensive Nuclear-Test-Ban Treaty. 98 % of national radionuclear and Comprehensive Nuclear-Test-Ban Treaty monitoring stations and laboratory capabilities were operational.

Health Canada responded to 879 public inquiries associated with radiation emitting devices. Many of the inquiries related to the potential health effects of electric and magnetic fields, ultraviolet, infrared and visible light radiation from consumer devices and manmade environmental sources. Health Canada also completed all requested assessments and/or inspection reports from institutions and responded to 224 inquiries from stakeholders. Most inquiries from stakeholders were for elaboration/interpretation of regulatory requirements under the *Radiation Emitting Devices Act*.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
20,282,587	20,282,587	20,926,585	20,871,026	588,439

Note: The variance of $0.6 million between actual and planned spending is mainly due to a transfer in funding received from the Department of National Defence to support the Canadian Safety and Security Program.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
210	192	-18

Note: The variance of 18 in FTE utilization is mainly due to hiring delays and personnel departures without backfills.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Canadians, Institutions and Government partners have the guidance they need to respond to potential and actual radiation risk.	% of planned guidance documents completed. Note: Guidance documents include emergency plans, safety codes, regulations, and Memorandums.	90 by March 31, 2016	100*

* Planned (eight); Actual (nine)

Program 2.7: Pesticides

Description

The *Pest Control Products Act* provides Health Canada with the authority to regulate and register pesticides, under the Pesticides program. In the delivery of this program, Health Canada conducts activities that span the lifecycle of a pesticide, including: product assessment for health and environmental risks and product value; risk management; post market surveillance; compliance and enforcement; changes in use, cancellation, or phase out of products that do not meet current standards; and, consultations and public awareness building. Health Canada is also an active partner in international efforts [e.g., North American Free Trade Agreement (NAFTA), Organization for Economic Cooperation and Development (OECD), Regulatory Cooperation Council (RCC)] to align regulatory approaches. These engagements provide access to the best science available to support regulatory decisions and promote consistency in the assessment of pesticides. The program objective is to protect the health and safety of Canadians and the environment relating to the use of pesticides.

Did you know...

Health Canada has placed significant focus into decreasing import issues at the border. The Department has moved quickly with the development of a common interface for pre-border declarations which was a result of successful collaboration with our international partners and regulators. This work will improve our ability to respond to issues and update the public about pesticides coming to Canada.

Performance Analysis and Lessons Learned

Health Canada delivered on its responsibilities under the *Pest Control Products Act* through the evaluation and re-evaluation of pesticide products, compliance and enforcement, and outreach and risk reduction strategies, while maintaining quality and exceeding performance targets on all core regulatory activities.

The Department collaborated with the U.S. Environmental Protection Agency (U.S.-EPA) on RCC commitments, aligned regulatory approaches with OECD and NAFTA countries, and aligned the revised re-evaluation work plan with other international regulatory jurisdictions. Furthermore, Health Canada contributed to standard setting bodies on pesticides, and provided technical expertise on Maximum Residue Limits to Agriculture and Agri-Food Canada to address trade irritants.

Pesticide Labels App

Did you know that you can search for any registered pesticide's label through your handheld device? It's *that* handy!

Health Canada advanced science and science policy, both domestically and internationally, through numerous collaborative initiatives with standard setting bodies and regulatory counterparts, including conducting neonicotinoid pollinator risk assessments and publishing interim risk assessments with the U.S.-EPA and California Department of Pesticide Regulation; collaborating with Environment Canada to revise approaches for pesticide risk assessments for amphibians; leading the development of OECD guidance documents to further reduce, refine or

replace animal studies, when applicable; engaging experts on an approach to regulating the potential use of modern technology (i.e., RNAi) in agriculture; and participating in partnership with Agriculture and Agri-Food Canada, the Canadian Food Inspection Agency, the Department of Fisheries and Oceans, and the U.S.-EPA on a variety of science policy files such as Dual Property Products, Risk Reduction Program, Invasive Species, and Aquaculture.

The Department met all timelines for providing information and/or responses to auditors and evaluators, including the Management Response Action Plans, and in some instances, delivered on commitments (i.e. consulting on the elimination of conditional registrations, launching a mobile app to improve communication of re-evaluation decisions, including an update on the current re-evaluation work plan in the Pesticide Program annual report) prior to the tabling of the report in Parliament.

Along with completing the statutory review and legislative amendments to the *Pest Control Products Act*, Health Canada initiated a number of program and policy changes to the re-evaluation program including the publication of a new five-year work plan, a consultation document on a Management of Pesticide Re-evaluation policy, and a new policy on phase-outs.

Finally, the Department completed proposals to modernize the Pesticide Cost Recovery Regime, for government consideration in 2016-17.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
40,190,336	40,190,336	42,256,130	41,360,034	1,169,698

Note: The variance of $1.2 million between actual and planned spending is mainly due to paylist requirements and revenues collected in excess of authorities.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
461	428	-33

Note: The variance of 33 in FTE utilization is mainly due to a realignment of resources from plans in order to meet program needs.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Industry meets the Canadian regulatory requirements for new pesticides.	% of submissions that meet regulatory requirements.	80 by March 31, 2016	92
Pesticides in the marketplace continue to meet modern scientific standards.	% of re-evaluations initiated for registered pesticides according to the Re-evaluation Work Plan.	80 by March 31, 2016	100
International collaboration is leveraged to maximize access to global science for the risk assessment of pesticides.	% of new pesticides reviewed in collaboration with international partners.	80 by March 31, 2016	100

Program 3.1: First Nations and Inuit Primary Health Care

Description

The *Department of Health Act* and the *Indian Health Policy (1979)*[xxx] provide the authority for the delivery of the First Nations and Inuit Primary Health Care program to First Nations and Inuit in Canada. Primary health care includes health promotion and disease prevention, public health protection (including surveillance), and primary care (where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end-of-life care, and referral services). The Department administers contribution agreements and direct departmental spending related to child development, mental wellness and healthy living, communicable disease control and management, environmental health, clinical and client care, as well as home and community care. The program objective is to improve the health and safety of First Nations and Inuit individuals, families, and communities.

Performance Analysis and Lessons Learned

Health Canada has taken steps to improve primary healthcare service delivery and ensure that First Nations in remote and isolated communities have access to quality health services. A particular area of focus for the Department in 2015-16, has been addressing health human resource challenges in communities. Specifically, a Nurse Recruitment and Retention Strategy was launched in 2015, which included a successful marketing campaign and a new streamlined Human Resources process that have expanded the pool of qualified nurses.

A National Education Policy has been developed to identify required mandatory training to support nurses in maintaining skills needed to provide quality primary care services in remote settings.

Interdisciplinary health teams have also been put in place to support primary care services provided to communities. For example, paramedics are working in Alberta to support primary care nurses and Ontario has increased the number of Nurse Practitioners working in remote and isolated communities. Complementary health professionals such as Nurse Practitioners and paramedics are qualified to perform a broader scope of practice within clinical health care teams. The inclusion of mental wellness teams, Elders and others such as occupational therapists has further expanded the services provided in communities.

Did you know...

Health Canada launched a new nurse recruitment campaign, including a Canada.ca/NursesForFirstNations website where interested nurses can apply for jobs instantly by submitting their resumes online. In the 2015-16 recruitment campaign, Google ads alone had 14,000 hits!

The number of Health Canada nurses who completed the mandatory training requirements in March 2016 increased by 32% from April 2015.

Steps have been taken to support mental wellness issues, which have become critical for many communities, especially those in isolated and remote areas. The government has announced new funding for four crisis response teams in Ontario, Manitoba and Nunavut where the need is greatest; 32 additional mental wellness teams for communities most at-risk; training for existing community-based workers to ensure that care services are provided in a culturally appropriate and competent way; and the establishment of a 24-hour culturally safe crisis response line. New measures will also involve working in close collaboration with Inuit partners to develop a community-led suicide prevention approach.

The Department has sought to better align health care services with our partners and establish effective coordinating mechanisms to address inter-jurisdictional challenges, including engaging in trilateral forums and similar mechanisms for coordinated planning with partners.

Did you know...

As part of the *Indian Residential Schools Settlement Agreement* (IRSSA), Health Canada delivers the Indian Residential Schools Resolution Health Support Program (IRS RHSP). In 2015-16, approximately 50,000 counselling sessions, and over 700,000 emotional support services and cultural support services were provided to former residential school students and their family members.

Under the Health Service Integration Fund (HSIF), FNIHB supported a total of 53 projects to advance integration initiatives. For example, in 2015-16 HSIF funded a project in Alberta to develop a joint application between First Nations and the federal and provincial governments to access the Indian Registry System and strengthen the capacity of all partners to access, analyze, and share First Nations health information.

Another project in New Brunswick has developed and begun implementing an integrated mental wellness service delivery model involving three First Nations communities, a local National Native Alcohol and Drug Abuse Program (NNADAP) treatment centre, and a New Brunswick Health Authority.

Work is also underway to develop regulations under the *Safe Drinking Water for First Nations Act* through engagement with First Nations partners. It should also be noted that all First Nations community sites now have access to a trained Community-Based Water Monitor or an Environmental Health Officer to sample and test drinking water quality.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
809,838,696	809,838,696	890,352,928	888,041,558	78,202,862

Note: The variance of $80.5 million between planned spending and total authorities is mainly due to in-year funding received to maintain health promotion, disease prevention and health system transformation programs for Aboriginal populations.

The variance of $2.3 million between total authorities and actual spending is mainly due to the demand driven nature of the Indian Residential Schools Resolution Health Support Program and demand being lower than planned.

The variance of $78.2 million between actual and planned spending is mainly due to the in-year funding received that is partly offset by lower demand than planned for the Indian Residential Schools Resolution Health Support Program.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
1,353	1,337	-16

Note: The variance of 16 in FTE utilization is mainly due to a realignment of resources from plans in order to meet program needs and priorities.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Health and safety of First Nations and Inuit are improved	% of First Nations adults reporting being in excellent or very good health.	45 by March 31, 2017	44*
	% of Inuit adults reporting being in excellent or very good health.	50.5 by March 31, 2017	42.2**

* No new data. Data from RHS (2008-10) is collected approximately every five years. The program is using the same figure until the new dataset becomes available.

** No new data. Data from APS (2012) is collected approximately every five years. The program is using the same figure until the new dataset becomes available.

Program 3.2: Supplementary Health Benefits for First Nations and Inuit

Description

Under the Supplementary Health Benefits for First Nations and Inuit program, the Non-Insured Health Benefits (NIHB) Program provides registered First Nations and recognized Inuit residents in Canada with a specified range of medically necessary health-related goods and services, which are not otherwise provided to eligible clients through other private or provincial/territorial programs. NIHB include: pharmaceuticals; medical supplies and equipment; dental care; vision care; short term crisis intervention mental health counselling; and, medical transportation to access medically required health services not available on-reserve or in the community of residence. The NIHB Program also pays health premiums on behalf of eligible clients in British Columbia (BC) (as of July 2013, NIHB will no longer pay premiums for First Nations residents of BC, who will become clients of the First Nations Health Authority in accordance with the BC Tripartite Health Agreement and sub-agreements). Benefits are delivered through registered, private sector health benefits providers (e.g., pharmacists and dentists) and funded through NIHB's electronic claims processing system or through regional offices. Some benefits are also delivered via contribution agreements with First Nations and Inuit organizations and the territorial governments in Nunavut and Northwest Territories. The program objective is to provide non-insured health benefits to First Nations and Inuit people in a manner that contributes to improvements in their health status to be comparable to that of the Canadian population. This program uses funding from the following transfer payment: First Nations and Inuit Supplementary Health Benefits.

> **Did you know...**
>
> **In 2015-16, Health Canada processed over 23 million pharmacy, medical supplies and dental claims transactions.**

Performance Analysis and Lessons Learned

Health Canada continues to engage First Nations and Inuit partners on improving the delivery of NIHB to First Nations and Inuit. Priorities for delivery improvements were identified through Joint Review processes with the Assembly of First Nations (AFN) and the Inuit Tapiriit Kanatami (ITK). The AFN-NIHB Joint Review Steering Committee completed a review of NIHB mental health benefits. Activities are now underway to implement the recommendations. Work has also begun on reviews of the medical transportation and dental care benefits. The Inuit-NIHB Senior Bilateral Committee progress continues based on a workplan of priority issues outlined by Inuit Regions.

Health Canada continues to work with expert advisors, stakeholders and other key players to identify further improvements to the NIHB Program. Ongoing improvements to the NIHB pharmacy program formulary management are achieved through working with expert advisors on NIHB's Drugs and Therapeutics Advisory Committee (DTAC). Additionally, NIHB is working to create the NIHB Oral Health Advisory Committee (NOHAC) which will be an external advisory body of oral health professionals and academic specialists who will bring impartial and practical expert opinions, advice, and recommendations to the NIHB Program to support the improvement of oral health outcomes of First Nations and Inuit clients.

The NIHB Prescription Monitoring Program (PMP) is designed to identify and address potential client safety concerns regarding clients receiving high doses of Stimulants, Benzodiazepines, Opioids and Gabapentin medications and/or prescriptions being obtained through multiple prescribers or multiple pharmacies. The Department has also put in place measures to identify and address potential abuse by conducting a systematic review of prescribing and dispensing activities and engaging prescribers and providers when concerning patterns are observed.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
1,128,474,836	1,128,474,836	1,145,042,304	1,138,729,962	10,255,146

Note: The variance of $16.6 million between planned spending and total authorities is mainly due to the reallocation of funds from other programs to support the NIHB Program.

The variance of $6.3 million between total authorities and actual spending is mainly due to funding held frozen that is not available for use.

The variance of $10.3 million between actual and planned spending is mainly due to the demand driven nature of this program.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
385	473	88

Note: The variance of 88 in FTE utilization is mainly due to FTEs that were reallocated from other First Nations and Inuit programs to meet the program needs for Supplementary Health Benefits for First Nations and Inuit.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
First Nations and Inuit have access to non-insured health benefits.	% of eligible First Nations and Inuit population who accessed at least one NIHB.	72 by March 31, 2016	72

Program 3.3: Health Infrastructure Support for First Nations and Inuit

Description

The *Department of Health Act* and the *Indian Health Policy (1979)* provide the authority for the Health Infrastructure Support for First Nations and Inuit program to administer contribution agreements and direct departmental spending to support the delivery of health programs and services. The program promotes First Nation and Inuit capacity to design, manage, deliver, and evaluate health programs and services. To better meet the unique health needs of First Nations and Inuit individuals, families, and communities this program also supports: innovation in health program and service delivery; health governance partnerships between Health Canada, the provinces, and First Nation and provincial health services; and, improved integration of First Nation and provincial health services. The program objective is to help improve the health status of First Nations and Inuit people, to become comparable to that of the Canadian population.

Performance Analysis and Lessons Learned

Indigenous and Northern Affairs Canada (INAC) is a key federal partner in supporting improved outcomes for First Nations and Inuit people. Similar objectives and policy/program drivers mean that many of our efforts are mutually supporting with opportunities for greater alignment. To improve management practices for both departments, the Department continues to work with INAC towards greater harmonization of policies and procedures. One tangible outcome of these efforts has been Health Canada's adoption of the Grants and Contributions Information Management System (GCIMS), which is expected to facilitate the transfer of resources to First Nations and Inuit governments, increase transparency and accountability, and reduce processing time and duplication. Other potential streamlining/harmonization initiatives are under development as part of the ongoing joint engagement strategy with First Nations.

Collaboration for results...

Health Canada and Indigenous and Northern Affairs Canada have realised increases in efficiency and decreases in costs by jointly engaging in 126 facility inspections in 2015-16. Working together the Departments have developed a joint three year inspection plan for on-reserve infrastructure.

This collaboration will support greater consistency and meeting of industry standards, resulting in better facilities that will aid in improving the health of First Nations and Inuit people.

Additional standardized practices have been put in place to better align INAC and HC efforts. For example, common risk approaches such as a General Assessment risk assessment tool, the Default Prevention and Management policy and better coordination of recipient audits have all helped align efforts by streamlining and enhancing administrative and planning processes.

As part of the organization's commitment to support health infrastructure, the Department has reviewed and subsequently updated its management control framework for planning and managing capital contributions to support health infrastructure. The updated framework provides an overview of the structures, policies and processes related to the planning and management of capital funds and will act as a reference tool for Health Canada staff involved in delivering the Department's capital contributions program. In addition, a national tracking system has been

implemented to record inspection findings and completion of major repairs and deficiencies identified in Facility Condition Reports. The Capital Protocol document has also been updated to ensure that new nursing stations continue to be built according to applicable building codes.

In addition, support for quality health services has been enhanced through the development of new frameworks such as the Monitoring and Performance Framework for Tuberculosis Programs for First Nations on-reserve. This framework was released in 2016 to improve health services and is a collaborative partnership with First Nations partners, TB experts, provincial authorities, and the Public Health Agency of Canada. Improvements to health services continue to advance. Two nursing stations have entered the accreditation process in Quebec, and support continues for other health centres already in the accreditation process. Nursing stations in Alberta and Ontario will also enter into the accreditation process in the coming year.

The Strategic Plan's commitment to improve efficiency through better quality and use of data has been further advanced by FNIHB through the development of regional surveillance plans, with each Region pursuing surveillance information in a manner appropriate for their regional context. The Department has also developed an Electronic Medical Records (EMR) Strategy, providing a strategic approach for EMR implementation initiatives.

In terms of supporting health human resources, the Department has invested in capacity development for First Nations health managers and community health workers. Specifically, under the Aboriginal Health Human Resource Initiative (AHHRI), the Branch supported community-based worker training, and continued to support post-secondary education of Indigenous students pursuing health professions through a contribution agreement with Indspire, an Indigenous-led registered charity that invests in the education of Indigenous people.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
635,463,846	635,463,846	672,813,984	672,276,324	36,812,478

Note: The variance of $36.8 million between actual and planned spending is mainly due to in-year funding received to maintain health system transformation programs for Aboriginal populations, and to make essential and priority investments in First Nations and Inuit Health infrastructures.

Human Resources (FTEs)

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
219	188	-31

Note: The variance of 31 in FTE utilization is mainly due to a realignment of resources from plans in order to meet program needs and priorities.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Innovative and integrated health governance relationships are increased.	% of provinces/territories with multi-jurisdictional agreements to jointly plan, deliver and/or fund integrated health services for aboriginal Canadians.	100 by March 31, 2016	100
The capacity of First Nations and Inuit to influence and/or control (design, deliver, and manage) health programs and services is improved.	# of communities that have Flexible or Block funding agreements (i.e. communities that design, deliver and manage their health programs and services).	326 by March 31, 2016	365

Internal Services

Description

Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Performance Analysis and Lessons Learned

Advances to key internal services initiatives were made for Health Canada in 2015-16 through the Shared Services Partnership, including:

Human Resources

The Department continued to support a culture of high performance and learning through the development and implementation of new performance management tools, guidelines and outreach activities and launch of the Canada School of Public Service development programs. An assessment of the 2015-16 Performance Management Program has been conducted and will be finalised and reported in 2016-17.

Did you know...

Representation rates of Women, Aboriginal Peoples, Persons with Disabilities and members of a Visible Minority group in the Department exceed the labour market availability rates.

Information Management and Information Technology

Implementation of government-wide modernization and transformation initiatives to support departmental business and programs, which include:

- Alignment with central agency direction to ensure readiness for the deployment of a common email platform.
- Establishment of technology standards for Health Canada and PHAC that align with Government of Canada IT standards as part of the Strategic Technology and Application Renewal (STAR) project to support the migration of applications from legacy data centres to new enterprise data centres.
- Successful implementation of electronic systems related to a multi-Departmental initiative (led by the Canada Border Services Agency) to implement a single window through which importers can electronically submit information necessary to comply with government import regulations.

Communications

Health Canada worked to ensure that Canadians had access to the information they needed to take action on their health and safety. Throughout the past year, numerous events, videos and social media initiatives were developed to support the Minister, as well as to engage and inform Canadians.

The Department increased the open and transparent access and exchange of information on Health Canada programs, policies and regulations by continuing to implement the Regulatory Transparency and Openness Framework and Action Plan, promoting the Consultation and Stakeholder Information Management System, and showcasing science expertise across the Department. Health Canada also continued to implement the Government of Canada's Web Renewal Initiative, leading content migration to the health theme with 256 partners.

Health Canada continued to move towards a common approach to regulatory risk communications, providing risk communications training to employees, and expanding and leveraging existing partnerships outside the Department.

Did you know

In 2015-16, Health Canada reached 40.3 million users through Healthy Canadians' channels, including: 1,300 posts on Facebook; 3,900 tweets; 60 pins on Pinterest and 20 videos on YouTube.

The Department developed innovative communications products, services and channels, including social marketing campaigns and initiatives to help raise awareness and knowledge of key health and safety issues such as Preventing Illicit Drug Use, Tobacco Cessation, Ebola Recruitment, Antimicrobial Resistance, and Lyme Disease.

Management and Oversight:

Several initiatives have been launched that seek to more closely integrate financial and non-financial planning and performance information for decision-making.

Health Canada has made good progress on the development of a Planning for Enterprise Performance (PEP) system. Business analysis was conducted allowing for work to begin on functional design for a new SAP planning and budgeting solution. The integration of operational and financial performance information is a complex undertaking requiring refinement of business processes and system re-design. Establishing a common business process will require active change management over the next 18 months. Progress to date includes:

- Examination of current processes and practices
- Drafting of future integrated and standardized process and practices
- Identification of required analysis to support system functions

The new Treasury Board Policy on Results will provide Health Canada with increased control to assess the quality, availability and utility of planned and actual performance information based on a standard performance measurement process now in place within the Department.

Following Health Canada's recognition in the 2014-15 Management Accountability Framework process in which the Internal Control Framework was considered a "notable practice", the Department continues to be commended in 2015-16 for its good work in the area of internal

controls, including the implementation of a program to monitor the effectiveness of its internal controls over financial reporting. In addition, Health Canada participated in the government-wide working group on Policy on Internal Control and shared its experience with other departments and agencies.

Health Canada's 2015-16 to 2019-20 Investment Plan was renewed in April 2015. The Plan focuses on the renewal of real property infrastructure, the modernization of the department's IM/IT platforms to align with the Government of Canada's IT modernization strategies, including the modernization of corporate systems and software infrastructure, such as Single Window Initiative, upgrading the Windows operating system and the E-Mail Transformation, and continued investments in infrastructure with its partners that promotes access to telehealth and telemedicine services in remote communities, and also promotes the use and integration of electronic medical systems with provincial systems. Furthermore, the plan links investments to those priorities which support Health Canada's strategic outcomes while ensuring alignment with the Government of Canada cost containment initiatives, and the Shared Services Partnership within the Health Portfolio.

Migration of the Management of Contracts and Contributions System (MCCS) and the Lotus Notes Grants and Contributions Database (LNGCD) to the Grants and Contributions Information Management System (GCIMS) has been successfully completed. GCIMS is now being used in Health Canada as an integrated administrative tool to record, manage, process and report Grants and Contributions (Gs&Cs) transactions. All Gs&Cs payments for 2015-16 were successfully processed through GCIMS which has an automated interface with the departmental financial system SAP. Health Canada continues to collaborate with Indigenous and Northern Affairs Canada and other federal partners to further enhance the functionality of GCIMS.

Health Canada has been able to modernize many different areas of financial management such as the budget management process. A standardized practice has been created to ensure consistency throughout the department/branches by:

- Examining how budget management framework services are delivered to clients, with a focus on core activities, service levels and opportunities to improve analytics, and value added services to clients, that are affordable and risk based.
- Examining standards on how to approach the management variance report support and challenge function with clients so that there is a uniform level of support across the department and regions.
- Examining how budgets and horizontal initiatives are tracked through the financial coding and budget derivation tools.
- Looking at leveraging technology on the business process that would support the multi-year financial planning system, a system solution for tracking budgets and funding.

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2015-16 Total Authorities Available for Use	2015-16 Actual Spending (authorities used)	2015-16 Difference (actual minus planned)
266,815,846	266,815,846	332,225,509	321,685,601	54,869,755

Note: The variance of $10.5 million between total authorities and actual spending is mainly due to changes in the timing of investment plan projects.

The variance of $54.9 million between actual and planned spending is mainly due to in-year funding received from various Treasury Board approved initiatives and from the operating budget carry forward used in part to fund investment projects in IM/IT and Real Property.

Human Resources (Full-Time Equivalents [FTEs])

2015-16 Planned	2015-16 Actual	2015-16 Difference (actual minus planned)
2,009	2,171	162

Note: The variance of 162 FTE utilization is mainly due to a combination of the transfer of FTEs to Health Canada from PHAC which is associated with the health portfolio Shared Services Partnership model and additional resources received in-year through the Supplementary Estimates process for the internal support services to maintain health promotion, disease prevention and health system transformation programs for Aboriginal populations.

Section IV: Supplementary Information

Supporting Information on Lower-Level Programs

Supporting information on lower-level programs is available on the Health Canada website.[xxxi]

Supplementary Information Tables

The following supplementary information tables are available on the Health Canada website[xxxii].

- Departmental Sustainable Development Strategy
- Details on Transfer Payment Programs of $5 Million or More
- Horizontal Initiatives
- Internal Audits and Evaluations
- Response to Parliamentary Committees and External Audits
- Up-Front Multi-Year Funding
- User Fees, Regulatory Charges and External Fees

Federal Tax Expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures annually in the Report of Federal Tax Expenditures[xxxiii]. This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs. The tax measures presented in this report are the responsibility of the Minister of Finance.

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Appendix: Definitions

Appropriation: Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

Budgetary expenditures: Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

Full-time equivalent: A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes: A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

Non-budgetary expenditures: Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

Performance: What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

Performance indicator: A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

Performance reporting: The process of communicating evidence-based performance information. Performance reporting supports decision-making, accountability and transparency.

Planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

Plans: The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

Priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

Program: A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture: A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

Results: An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

Statutory expenditures: Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome: A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

Sunset program: A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

Target: A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

Voted expenditures: Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

Whole-of-government framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

i Treasury Board of Canada Secretariat, https://www.canada.ca/en/treasury-board-secretariat.html
ii *Canada Health Act*, http://laws-lois.justice.gc.ca/eng/acts/C-6/
iii *Canada Consumer Product Safety Act*, http://laws-lois.justice.gc.ca/eng/acts/c-1.68/
iv *Canadian Environmental Protection Act, 1999*, http://laws-lois.justice.gc.ca/eng/acts/C-15.31/
v *Controlled Drugs and Substances Act*, http://laws-lois.justice.gc.ca/eng/acts/c-38.8/
vi *Food and Drugs Act*, http://laws.justice.gc.ca/eng/acts/F-27/
vii *Tobacco Act*, http://laws-lois.justice.gc.ca/eng/acts/T-11.5/
viii *Hazardous Products Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3/index.html
ix *Hazardous Materials Information Review Act*, http://laws-lois.justice.gc.ca/eng/acts/H-2.7/
x *Department of Health Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html
xi *Radiation Emitting Devices Act*, http://laws-lois.justice.gc.ca/eng/acts/R-1/
xii *Pest Control Products Act*, http://laws-lois.justice.gc.ca/eng/acts/P-9.01/
xiii List of Acts and Regulations, http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php
xiv Hazardous Products Regulations, http://laws-lois.justice.gc.ca/eng/acts/H-3/page-4.html
xv Pest Control Products Regulations, http://laws-lois.justice.gc.ca/eng/regulations/sor-2006-124/index.html
xvi Regulatory Transparency and Openness Framework Action Plan, http://www.hc-sc.gc.ca/home-accueil/rto-tor/index-eng.php
xvii Framework for Consumer Health Products: What We Heard, http://www.hc- sc.gc.ca/dhp-mps/consultation/natur/sum_chpf-som_cpsc-eng.php
xviii Amendments to the Food and Drugs Act: Guide to New Authorities, http://www.hc-sc.gc.ca/dhp-mps/legislation/unsafedrugs-droguesdangereuses-amendments-modifications-eng.php
xix Prime Minister of Canada's website, http://pm.gc.ca/eng/minister-health-mandate-letter
xx *Public Accounts of Canada 2016*, http://www.tpsgc-pwgsc.gc.ca/recgen/cpc-pac/index-eng.html
xxi Whole-of-Government Framework, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx
xxii Financial Statements, http://dev.healthycanadians.gc.ca/publications/department-ministere/hc-performance-financial-statements-2015-2016-rendement-etats-financiers-sc/index-eng.php
xxiii *Official Languages Act*, http://laws-lois.justice.gc.ca/eng/acts/o-3.01/
xxiv *Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)*, http://www.hc-sc.gc.ca/dhp-mps/legislation/unsafedrugs-droguesdangereuses-eng.php
xxv Guide to New Authorities, http://www.hc-sc.gc.ca/dhp-mps/legislation/unsafedrugs-droguesdangereuses-amendments-modifications-eng.php
xxvi Global Burden of Disease, http://www.healthdata.org/gbd
xxvii Cosmetic Regulations, http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._869/
xxviii *Comprehensive Nuclear-Test-Ban Treaty Implementation Act*, http://laws-lois.justice.gc.ca/eng/acts/C-36.5/
xxix *Nuclear Safety and Control Act*, http://laws-lois.justice.gc.ca/eng/acts/N-28.3/
xxx Indian Health Policy 1979, http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/poli_1979-eng.php
xxxi Supporting Information on Lower-Level Programs, http://dev.healthycanadians.gc.ca/publications/department-ministere/hc-performance-annex-2015-2016-rendement-annexe-sc/index-eng.php
xxxii Supplementary Information Tables, http://dev.healthycanadians.gc.ca/publications/department-ministere/hc-performance-supplementary-information-2015-2016-rendement-renseignements-supplementaires-sc/index-eng.php
xxxiii Tax Expenditures and Evaluations publication, http://www.fin.gc.ca/purl/taxexp-eng.asp